FY20 HEALTH YOURSELF SCREENING FORM

Return to Jess Brown by May 31

PATIENT INFORMATION (please print)

Patient's last name:	First:	Middle:	DOB:	Phone number:

To receive the discount you must earn at least 100 points by May 31st.
You can earn points with qualifying biometrics, preventive health visits, and activities.
When you've earned 100 points, return this completed form to Jess Brown in HR.

Total points earned in FY20
/100

Section 1

Biometric Instructions: Complete this portion with your wellness coordinator or your primary care provider- make sure each biometric is marked appropriately and initialed by them.

Health Indicator	Good to Go (15 pts each)	Proceed with Caution (10 pts each)	Time to act (0 pts each)	Initial	Points earned
Tobacco Use	☐ Non-Tobacco User		☐ Tobacco User	_____	/15
Cholesterol Risk Ratio (Tot/HDL)	☐ Women: RR < 3.3 ☐ Men: RR less than 3.4	☐ Women: RR 3.3 - 4.4 ☐ Men: RR 3.4 - 5.0	☐ Women: RR > 4.4 ☐ Men: RR 5.0 or higher	_____	/15
Non-fasting Glucose OR **Fasting Glucose**	☐ Normal (< 140 mg/dl) ☐ Normal (70-99 mg/dl)	 ☐ 100- 120 mg/dl	☐ Over 140 mg/dl ☐ Over 120 mg/dl	_____	/15
Blood Pressure	☐ Up to 120/80	☐ Up to 130/90	☐ Over 130/90	_____	/15
Body Mass Index (appropriate body fat % may be substituted)	☐ Up to 25	☐ 26-30	☐ Over 30	_____	/15

Section 2

Preventive Health Visit Instructions:

- Have your primary care provider sign to verify that you've had a wellness checkup.
- Have your dentist or hygienist sign to verify that you've had a preventive cleaning OR attach your Premera Explanation of Benefits (EOB) from your dental cleaning visit.
- If you complete BOTH of these exams you are eligible for 25 points toward the reward.

		Points earned
Wellness Checkup	This patient has completed his or her annual wellness physical since June 1, 2019. **Primary care provider signature:** _____ **Date:** _____ **Primary care provider's printed name:** _____	/25
Preventive Dental Cleaning	This patient has had at least one preventive dental cleaning since June 1, 2019. **Dentist/dental hygienist signature:** _____ **Date:** _____	

Section 3

See back for Section 3: Activities →

PATIENT INFORMATION (please print)

Patient's last name:	First:	Middle:	DOB:	Phone number:

Section 3

Activity Instructions:

- Use the following table to help keep track of any other points you earn from Health Yourself activities. Jess will also keep track of the HY activities or challenges you participate in. Use this section for personal reference to track your points. Turn in your form when you have reached 100 points total.
- If you do not earn ANY points through your biometrics, but complete a blood draw you will be eligible for an additional 25 points.
- If you earn more than 150 points total for FY20, you will be entered in a prize drawing.

Health Yourself Activity	Date	Points Earned

Total Health Yourself activity points earned

/100