

FY24 HEALTH YOURSELF SCREENING FORM

Fax, scan, or deliver hard copy to Jess Brown by May 31

Patient Information (please print)

Patient's last name:	First:	Middle:	Phone number:	DOB:
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To receive the discount you must earn at least 100 points by May 31st.

When you've earned 100 points, fax (586-4501), email, or deliver this form to Jess Brown.

Total points
earned in FY24

/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	<input type="checkbox"/> Non-Tobacco User		<input type="checkbox"/> Tobacco User	_____	/15
Cholesterol Risk Ratio (Tot/HDL)	<input type="checkbox"/> Women: RR less than 3.3 <input type="checkbox"/> Men: RR less than 3.4	<input type="checkbox"/> Women: RR 3.3 - 4.4 <input type="checkbox"/> Men: RR 3.4 - 5.0	<input type="checkbox"/> Women: RR 4.4 or higher <input type="checkbox"/> Men: RR 5.0 or higher	_____	/15
Fasting Glucose (> 10 hours) <u>OR</u> A1C	<input type="checkbox"/> Normal (70-99 mg/dl) <input type="checkbox"/> Less than 5.7%	<input type="checkbox"/> 100- 125 mg/dl <input type="checkbox"/> 5.7%- 6.4%	<input type="checkbox"/> Over 125 mg/dl <input type="checkbox"/> Over 6.4%	_____	/15
Blood Pressure	<input type="checkbox"/> Up to 120/80	<input type="checkbox"/> Up to 140/90	<input type="checkbox"/> Over 140/90	_____	/15
*Earn 10 HY points by entering your biometric data into the ASCVD Risk Calculator and discussing results with either your Wellness Coordinator or your Provider. (For those under 40 years old, enter 40 in 'age' to estimate risk)				_____	/10

Cholesterol goals are based on Framingham Heart study; Glucose goals are based on American Diabetes Association; Blood Pressure goals are based on American Heart Association guidelines updated in 2017

Section

2

Preventive Health Visit Instructions:

- Have your primary care provider sign to verify that you've had a wellness checkup for 15 points.
- Have your dentist or hygienist sign to verify that you've had a preventive cleaning OR attach your Premiera Explanation of Benefits (EOB) from your dental cleaning for 15 points.

Wellness Checkup	This patient has completed his or her annual wellness physical since June 1, 2023. Primary care provider signature: _____ Date: _____ Primary care provider's printed name: _____	Points earned /15
Preventive Dental Cleaning	This patient has had at least one preventive dental cleaning since June 1, 2023. Dentist/dental hygienist signature: _____ Date: _____	/15

Section

3

See back for Section 3: Activities



Patient Information (please print)

Patient's last name:

First:

Middle:

Phone number:

DOB:

Section

3

Activity Instructions:

- Use the following table for personal reference to 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.
- You do not earn any points for simply doing a blood draw- instead you earn points from the biometric results from the blood draw in section 1 of this form.
- If you earn more than 150 points total for FY24, you will be entered in a prize drawing!

Health Yourself Activity	Date	Points Earned

Points earned
in section 3:

/100