FY25 Health Yourself Screening Form

| Participant information | Last name | First name | | Middle initial | Date of Birth | | |
|---|--|---|---|---|----------------------|--------|--|
| | 🗆 CBJ emp | □ CBJ employee □ Bartlett employee | | □ JSD admin employee | | | |
| How this form works | Earn 100 points by May 31 to receive the following year's discount Work with your wellness coordinator or your providers to get sections 1 & 2 initialed and signed Return your completed form to Jess Brown via email, fax (586-4501), or inter-office mail | | | | | | |
| | Health indicator | Low risk range (15 pts each) | Medium risk range (10 pts each) | High risk range (0 pts each) | Provider initials | Points | |
| Section 1: Biometrics | Tobacco Use | □ Non-tobacco user | | Tobacco user | | /15 | |
| Based on American Heart Association, and American Diabetes Association guidelines | LDL-C | Less than 100 mg/dl* Less than 70 mg/dl in patients with diabetes | □ 100-130 mg/dl* □ 70-100 mg/dl in patients with diabetes | Over 130 mg/dl Over 100 mg/dl in patients with diabetes | | /15 | |
| | A1C | □ Less than 5.7% | □ 5.7%- 6.4% | □ Over 6.4% | | /15 | |
| | Blood Pressure | □ Up to 120/80 | □ Up to 140/90 | □ Over 140/90 | | /15 | |
| | | | | | | | |
| | Preventive visit | Provider's Signature P | | | | | |
| Section 2: Preventive Visits | Wellness Checkup | This patient has completed an annual wellness physical since June 1, 2024 Primary Care Provider name: PCP signature: Date | | | | /20 | |
| | Dental | | | | | | |
| | cleaning* Or attach Provider name: EOB | | | | | /20 | |
| | ECD | Signature: Date | | | | | |

Use section 3 on the back to track Health Yourself activity points -

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Last name

First name

- Use this table for personal reference to keep track of any additional 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 receive points from the biometric results from the blood draw in section 1 of this form.
- If you earn more than 150 points total, you will be entered in a prize drawing.

| Health Yourself Activity | Date | Points |
|--------------------------|------|--------|
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Section 3: Health Yourself Activities