



ELEVATE

\$150

Individual Incentive



Form Due September 15, 2017



forms@EHAwellness.org



IHW - EHA Wellness
520 N. Main Street STE C104
Heber City, UT 84032

First

Last

EHA Wellness Code

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Report your Health Grade

I eat a healthy diet by choosing a variety of fruits and vegetables, by avoiding unhealthy fats, added sugars, and salt, and by eating in moderation.

A A- B+ B B- C+ C C- D+ D D- F

A A- Excellent

I am physically active for 30 - 60 minutes on most days.

A A- B+ B B- C+ C C- D+ D D- F

B+ B B- Good

I visit with my doctor annually to discuss my medical history and the tests and screenings that are recommended for me. I adhere to my doctor's counsel.

A A- B+ B B- C+ C C- D+ D D- F

C+ C C- Average

D+ D D- Poor

I avoid risky situations or behaviors and make ongoing healthy choices that are consistent with my knowledge and understanding of my circumstances and health.

A A- B+ B B- C+ C C- D+ D D- F

F Failing

To be completed by a licensed healthcare provider between 10/1/16 and 9/15/17.

Please clearly mark **"Yes"** or **"No"** indicating if the following items have been completed.

Yes No This patient has had a blood pressure measurement, height and weight measurement for body mass index (BMI), and a verbal confirmation of tobacco use status. Appropriate recommendations have been given if this patient has elevated health risks.

Yes No This patient has had a blood chemistry panel within the last five years. Appropriate health-promoting lifestyle modifications and pertinent recommendations have been given to this patient for glucose levels, LDL cholesterol, HDL cholesterol, total cholesterol, and triglycerides.

Yes No Important age and gender-specific preventive screenings have been completed, if needed, and recommendations have been given.

Yes No PHA Completion Date: _____ This patient has shared the results of his or her Personal Health Assessment (PHA) with me and is complying with my recommendations to treat any chronic condition(s) and improve health.

Signature of Healthcare Provider

Date

X

Do **not** provide any results or diagnosis from this appointment on this form.

EHA Elevate Incentive

www.EHAWellness.org/elevate

To receive the **EHA Elevate Incentive** in October 2017, the following three EHA Wellness Program requirements must be completed no later than September 15, 2017:

1. Complete the Personal Health Assessment.

Share results with licensed healthcare provider.

2. Complete this form with licensed healthcare provider.

Form completion and submission required for incentive.

3. Complete at least three of the following ten challenges.

Less Is More - October 2016

Defy Gravity - December 2016

Stretch To Health - February 2017

Boston Marathon - Fitness Challenge 2016: March 27 - May 7

Read The Label - June 2017

A Good Night's Sleep - August 2017

Exercise For Energy - Available quarterly

Eat For Health - Available quarterly

Sleep For Success - Available quarterly

Hydrate For Power - Available quarterly

Register for EHA Wellness Challenges, adhere to challenge guidelines, and enter progress at www.EHAWellness.org using your EHA Wellness Code or return the challenge tracking card through U.S. mail. Each EHA Wellness Challenge must be completed when offered and reported by published deadline. **Exercise For Energy, Eat For Health, Sleep For Success, and Hydrate For Power** will be available every quarter starting October 1, 2016 and required at least 60 completed challenge days to receive credit during any quarter.

U.S. Mail - Must be postmarked on or before 9/15/2017

IHW - Form Processing - EHA

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Email - Limit form attachment size to 2MB or less.

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