Health Designs

FLC HOMETOWN HEALTH

Qualification Form

Please complete this qualification form along with your health care provider.

It is important to complete the form in its entirety and online health assessment by Saturday, March 31, 2018 to earn $25 visa gift card incentive.

Failure to complete the form in its entirety will result in incomplete participation status and impact any associated incentives. Forms may be submitted after the March 31st deadline to activate additional reward incentives. Please refer to the "Rewards" section in your Hometown Health Portal.

1. Complete Health Questionnaire (provided with these instructions & Physician Form): ***Participant*** must complete the Health Questionnaire and the top portion of the Physician form.
    - Use blue or black pen ONLY and bubble in your response completely.
    - On the Health Questionnaire: Leave the LAB INFORMATION section blank. Health Designs will complete that portion using the information provided on the Physician Form.
    - On the bottom of the Physician Form: Be sure all identifiers are provided – First and Last name AND last 4 digits of your social security number.

2. Visit your health care provider in enough time to complete the health screenings listed on this qualification form: You MUST have your health care provider complete all required areas of the form but keep the original copy of the form for your records.

3. Send the forms to Health Designs: Send the completed qualification form & health questionnaire to Health Designs before **Saturday, March 31, 2018**. It is your responsibility to ensure the qualification form and health questionnaire are received by Health Designs – not the responsibility of the health care provider.

    ○ **By Secure Fax: 904-285-2779**
    OR ○ **By Secure Email: coaching@healthdesigns.net**
    OR ○ **By Mail: Health Designs**
    35 Executive Way, Suite 110
    Ponte Vedra Beach, FL 32082

4. After you receive your health screenings from your health care provider, please remember to go online to complete the WebMD health assessment at https://www.webmdhealth.com/hometownhealth/ You will need the measurements on this form to enter them in online.

Thank you for taking the time to complete this health screening. It will help you see how your lifestyle affects your health, and often acts as a motivator for behavior change.

Health Designs will process your information when we receive your completed form.
To learn if we have received your paperwork and/or confirm the data we have recorded for you, you may contact Health Designs after the first business day of the next month at 904–285-2014 or email us at coaching@healthdesigns.net.

You may also contact us if you are interested in a telephonic health coaching session after completing the above steps.

***Please note – we are only able to discuss this personal health information directly with the participant, in accordance with HIPAA and other privacy regulations.**

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PARTICIPANT: Complete this section. Your signature verifies the information is complete and accurate.		
Name (Print Clearly)		Work LOCATION/CITY: _____ ☐ Employee ☐ Spouse
Signature	**YOUR** Date of Birth	
For confirmation of receipt of paperwork via email, please provide your email address	Phone # with area code	Last 4 SSN
Mailing/Street Address (PRINT CLEARLY)	City	State/Zip Code

Health Care Provider: Complete and sign this form for your patient to be considered a participant in Florida League of Cities Hometown Health's wellness program.
EXAM DATE: _____

Health screening measures	**Patient/Participant status**	**Notes**
Height (determined **without** wearing shoes)	_____ ft. _____ in.	
Weight (determined **without** wearing shoes)	_____ lbs.	
Blood Pressure	_____ /_____mm/Hg	
Total Cholesterol	_____ mg/dL	
HDL	____mg/dL	
Glucose	_____mg/dL	
Fasting prior to blood work?	□ YES □ NO	

HEALTH CARE PROVIDER SIGN-OFF: I verify the information supplied is complete and accurate.		
Provider Name (Print Clearly)		Credential(s)
Provider Signature	Telephone	Email, if available
Office street address	City	State/Zip Code

This form must be received by Health Designs by Saturday, March 31, 2018.

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