

2016 WELLNESS QUESTIONNAIRE

USE OF THIS FORM IS MANDATORY. NO SUBSTITUTIONS WILL BE ACCEPTED

Dear Doctor or Health Care Provider:

I voluntarily choose to participate in a group-sponsored wellness program to help me "Know My Numbers." Participation in this program will qualify me to pay lower health insurance premiums. As part of this program, I must have an annual physical, including routine blood tests, and utilize the results of those tests to take an annual, confidential, online Personal Health Assessment ("PHA"). Please complete this form on my behalf. *The third party administrator for this program is Group Insurance Service Center (GISC), and is engaged through USI.*

My name: _____ Employee Covered Spouse

If spouse, covered employee's name: _____

My address: _____

Employer's name: Cummings Properties LLC and affiliates

Date of 2015/2016 Physical _____

Tobacco or e-cigarette user? Yes No

Fasting blood work? Yes No

Blood Pressure _____ / _____
Systolic (top) / Diastolic (bottom)

Weight _____ **Height** _____

Cholesterol: Total Cholesterol _____
(Lipid Panel: Triglycerides, HDL, & LDL)

Triglycerides _____

HDL Cholesterol _____
("good" cholesterol)

LDL Cholesterol _____
("bad" cholesterol)

Blood Sugar _____ -- OR -- **HbA1c** _____
(Glucose) (Hemoglobin)

Body Mass Index _____
(BMI)

Important note to provider from GISC: please sign this form and give to the patient or send directly to GISC at the address below. If it is unreasonably difficult due to a medical condition, for the patient to undergo the requisite blood tests and/or physical exam to fulfill the requirements of this program, please call GISC at 800-242-4472.

By my signature below, I certify that the above-named patient has completed his/her 2015/2016 annual physical, including the requisite tests, the results for which are noted above.

Physician/Health Care Provider

Date

City

State

Zip

Phone Number

RETURN COMPLETED FORM TO:
GISC, PO Box 9120, Marshfield, MA 02050
FAX: 781-829-8770 PHONE: 800-242-4472



FROM GISC: “KNOW YOUR NUMBERS”

Tobacco Use

There are many studies confirming that smoking and nicotine use can cause such serious health conditions as cancer, emphysema, and heart disease. In fact, one in five deaths in the United States each year can be attributed to smoking. Studies conducted by the Food and Drug Administration revealed e-cigarettes contain ingredients that are toxic to humans, including tobacco-specific products which are human carcinogens.

Blood Pressure

The numerator (top number) is your *systolic pressure*, or the maximum pressure exerted when the heart beats; and the denominator (bottom number) is your *diastolic pressure*; or the minimum pressure exerted when the heart rests. High blood pressure is known as hypertension, and low blood pressure is known as hypotension.

Total Cholesterol

Total cholesterol measures triglycerides, HDL, and LDL. Triglycerides are the main storage form of lipids. There are two kinds of cholesterol: HDL (“good”) and LDL (“bad”). Generally speaking, the greater your LDL, the greater your risk of developing heart disease.

Glucose (Blood Sugar)

Glucose, a sugar stored in your blood, is your body’s main energy source. If your glucose levels are consistently too high (hyperglycemia) or too low (hypoglycemia), you can develop diabetes. Hemoglobin carries oxygen in the blood. When you have extra sugar in your blood, some of it attaches to the hemoglobin and forms a variant called hemoglobin A1c (called “HbA1c” for short). By measuring the percentage of HbA1c in your blood, your average blood sugars can be determined as another indicator of diabetes.

Body Mass Index (BMI)

BMI measures body fat according to your height and weight, and is regarded as a useful tool for determining and classifying obesity as well as other disease risks.

Sources: Center for Disease Control, American Cancer Society, Federal Drug Administration, National Cholesterol Education Program, Mayo Clinic, Heart.org, and Stanford Hospital.