

HEALTH RISK ASSESSMENT



Your name _____

Please Print Full Name

Daytime Phone # _____

Check Employee Dependent

Spouse

Printed Name and Signature of healthcare provider who collected the information and the date data was collected. _____

Date

Printed Name

Provider Signature

Should this patient be on an aspirin a day?

___yes

___no

Know Your Numbers For Better Health!
It's Up to *You*...

Knowing your numbers is an important part of maintaining good health. These numbers can help you and your doctor determine your risk and set goals.

Your **Total Cholesterol**: _____

Your **LDL (Bad) Cholesterol**: _____

Your **HDL (Good) Cholesterol**: _____

Your **Triglyceride Level**: _____

Your **Blood Pressure Reading**: _____

Your **Fasting Glucose**: _____

Your **Body Mass Index**: _____

BMI= Weight/Height (inches) X Height (inches) X 703

Your **Waist Circumference**: _____

(TO MEASURE WAIST CIRCUMFERENCE: Place a tape measure around your bare abdomen just above your hip bone. Be sure tape is snug, but does not compress your skin, and is parallel to the floor. Relax, exhale, and measure your waist.)

PRIVACY NOTICE

Employer assures employees that all private health information is strictly protected in accordance with the Federal Law HIPAA. This means that information can be used for treatment, payment and operations of the health benefit but cannot and will not be disclosed to anyone else. If you have any questions please let us know.

Do you **use tobacco**? Yes No (Circle answer)