IMprove
Health Clinics

- ☐ Annual HealthCheck
- ☐ Follow-Up Health Check *(only italicized items need to be completed)*
- ☐ Pre-employment physical

HealthCheck helps detect signs of heart-health (cardiovascular) diseases – the #1 cause of death among Americans. Many people don't realize they have a "silent killer" like diabetes, high blood pressure, or high cholesterol.

Be sure to get a HealthCheck every year. It can help you catch heart-health problems early, before they severely limit your lifestyle or cause early death. And it can help you track your progress, so you know whether your game plan is working - or if you and your health coach need to adjust your plan.

Date *(MM/DD/YYYY)* / / | ***Mine Site*** | ***Statue*** *(**E**mployee, **S**pouse, **P**re-employment or **O**ther)* ◯E ◯S ◯P ◯O | ***Gender*** ◯M ◯F

Name: *First* | *MI* | *Last*

Social Security Number – – | ***Employee Social Security Number*** *(If you are a spouse or dependent)* – –

Birthday *(MM/DD/YYYY)* / / | ***Phone*** *(include area code)* –

Address

City | **State** | **Zip**

How would you rate your overall health? ◯Poor ◯Fair ◯Good ◯Excellent

Are you allergic to any medication? ◯*Yes* ◯*No* **If yes, list them here:**_____

How many different prescriptions do you take daily? 0 1-3 4-6 7-10 11-15

Have you had a colonoscopy? ◯*Yes* ◯*No* **Have you had a mammogram?** ◯*Yes* ◯*No*

Date:_____

Do you Currently Smoke? ◯*Yes* ◯*No* ***Have you quit smoking within the last 5 years?*** ◯*Yes* ◯*No*

Date:_____

Do you use nicotine products? ◯*Yes* ◯*No* ◯Gum ◯Patch ◯Vaping ◯Dip/Chew

Are you physically active? ◯*Yes* ◯*No* **Circle Exercise Type:** Walking Jogging Running Biking Swimming Weight

How often do you exercise? ◯Daily ◯3x/week ◯Fewer than 3x/week ◯Never

Have you ever been told you have any of the following?

High Cholesterol	◯*Yes*	◯*No*	**Do you take medication for this problem?**	◯*Yes*	◯*No*
High Blood Pressure	◯*Yes*	◯*No*	**Do you take medication for this problem?**	◯*Yes*	◯*No*
Diabetes	◯*Yes*	◯*No*	**Do you take medication for this problem?**	◯*Yes*	◯*No*

To be completed by Nurse/NP.

Nurse/NP Initials | *Height (in)* | *Weight (lbs)* | *SBP* | *DBP*

Admin Site | *Specimen Number (sticker)*

If no Specimen Number (sticker), please complete the following:

Glucose | *Total Chol.* | *Triglycerides* | *HDL Chol.* | *LDL Chol.*

All information provided through the HealthCheck will be maintained pursuant to the privacy and security policies of Improved Health Clinics PSC, and in compliance with the Health Insurance Portability and Accountability Act (HIPAA). Your individual information will be available only to Improved Health Clinics PSC. No individual information will be shared with your employer. All information from the HealthCheck results, including any indication of high-risk levels, is intended for the participant's general knowledge only and is not a substitute for medical advice, diagnosis, or treatment. Participants should seek prompt medical care for any specific health issues and should consult their health care provider for confirmation of HealthCheck results.