HINES HEALTHY TOMORROWS PHYSICIAN & LAB REPORT FORM
FORM AND ALL REQUIRED LAB RESULTS MUST BE SUBMITTED TO HINES
COMPLETE WITH ON-LINE HEALTH RISK ASSESSMENT TO BE ELIGIBILE FOR WELLNESS INCENTIVE
Hines Healthy Tomorrows Health Risk Assessment located at www.coachingbyhines.com

TO BE COMPLETED BY PATIENT:

Name:
Address:
Email Address:
Date of Birth:
Health Plan ID:

TO BE COMPLETED BY PHYSICIAN OFFICE:
Note: Please code this visit and any lab work as a preventive/routine as it is part of a group wellness program

Date of Current or Last Office Visit:

HEIGHT: **WEIGHT:**

BLOOD PRESSURE: **WAIST CIRCUMFERENCE:**

_____ _____
PHYSICIAN SIGNATURE Date

All of the following criteria **must** be met to be eligible for the wellness incentive:

1. The required laboratory tests must include:
   -a Lipid Panel: Total Cholesterol, HDL, LDL, Triglycerides, Total/HDL Ratio;
   -fasting HbA1c
2. Results must be provided on an **official** laboratory form (a physician's letter will not suffice).
3. The blood sample must be drawn by venipuncture.
4. Lab tests should have been drawn within the dates of **January 1, 2019 through October 31, 2019.**
5. Lab results & this completed form must be received by Hines by **November 29, 2019**.
6. Complete Hines Healthy Tomorrows annual on-line **Health Risk Assessment** at www.coachingbyhines.com

Please submit the completed form and lab report to Hines and Associates as soon as possible, but no later than November 29, 2019.

fax to 1-800-735-1435
or
By email to: coach@hinesassoc.com