



My Well-Being

Primary Care Provider Form 2023

Submission Deadline: 9/30/2023

SECTION 1 – PARTICIPANT INFORMATION

First Name																			
Last Name																			
Birthday (MM/DD/YYYY)			/			/													
Work Email																			

STEP 2 – PROGRAM CONSENT

I understand that the information I have shared on this form may be reported to my employer as part of my participation in the wellness program. I also understand that the information contained on this form will be reported to my employer in aggregate form only and that my specific results will not be shared with my employer. I understand that it is my responsibility to ensure that The Christ Hospital Workforce Wellness team receives my form and that The Christ Hospital. Workforce Wellness will not directly communicate with my primary care physician. I understand due to HIPAA my employer cannot accept this form. I declare and affirm the information below is true and correct. I have voluntarily provided this information to The Christ Hospital Workforce Wellness

Participant Signature		Date	
-----------------------	--	------	--

SECTION 3 – BODY MEASUREMENTS/ BIOMETRIC RESULTS

Complete an annual physical between 10/1/2022-9/30/2023. Section 2 must be completed in full. Provider signature is required. If provider is unable to sign, please provide validating documentation i.e., a copy of lab results or annual physical.

Total Cholesterol					Blood Pressure	Systolic				Diastolic			
HDL					Height			ft			in		
Triglycerides					Weight				lbs				
LDL					BMI								
Glucose					Fasting? Yes No								

Annual Physical Exam Completion Date			/			/		
Primary Care Provider Name (print)								
Primary Care Provider Name (signature)								

SECTION 4 – SUBMIT YOUR PCP FORM

How to Submit

1. Open your WellRight App or visit <https://mywellbeing.wellright.com>
2. Upload to your "PCP Form Upload" challenge

Due to HIPAA, Payroll & Benefits cannot accept this form.
Form must be signed by your PCP or submission will not be accepted.
If you have questions, contact WorkforceWellness@TheChristHospital.com