

O'Neal Industries/Affiliate Company Employee or Spouse instructions:

1. Complete this part of the form and take it to your physician to complete.
2. Fax or mail the completed form to (205) 978-3760 or LIVSMART Health and Wellness Program • 2311 Highland Avenue S, Suite 102, Birmingham, AL 35205.
3. It is the participant's responsibility to submit via mail or fax or verify submission by your physician.

Last Name: <input style="width: 100%;" type="text"/>	First Name: <input style="width: 100%;" type="text"/>
<input type="checkbox"/> Employee <input type="checkbox"/> New Hire (within 30 days of receiving benefits) <input type="checkbox"/> Spouse Employee Name: _____	Company _____ Work City/State _____
Day Telephone (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Date of Birth (MM/DD/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female
Participant Signature _____	E-mail Address _____

Physician Instructions:

- Complete all fields below, and sign this form.
- Return the form to the employee/member for submission to the LIVSMART Wellness Program or fax to (205) 978-3760.
- If the employee/member does not meet one or more of the health measure criteria listed below, document the goals and patient actions in the member health improvement plan on the 2nd page of this form.

HEALTH MEASURE CRITERIA GOAL	EMPLOYEE/MEMBER'S MEASUREMENTS																		
Tobacco Use Non-tobacco user (never used or quit > 6 months)	<input type="checkbox"/> Non-tobacco user <input type="checkbox"/> Tobacco User Type: <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Smokeless																		
VITALS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Height/Weight</td> <td rowspan="2" style="width: 15%;">ON MEDICATION</td> <td style="width: 30%;">Height: <input type="text"/> <input type="text"/> . <input type="text"/> inches</td> <td style="width: 30%;">Weight: <input type="text"/> <input type="text"/> <input type="text"/> pounds</td> </tr> <tr> <td>Blood Pressure</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>BMI: <input type="text"/> . <input type="text"/> BP: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/></td> </tr> <tr> <td>Triglycerides</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td colspan="2">Triglycerides: <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td rowspan="2" style="vertical-align: middle;">LABS</td> <td>Cholesterol</td> <td colspan="2"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Blood Glucose</td> <td colspan="2"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Height/Weight	ON MEDICATION	Height: <input type="text"/> <input type="text"/> . <input type="text"/> inches	Weight: <input type="text"/> <input type="text"/> <input type="text"/> pounds	Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	BMI: <input type="text"/> . <input type="text"/> BP: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Triglycerides	<input type="checkbox"/> Yes <input type="checkbox"/> No	Triglycerides: <input type="text"/> <input type="text"/> <input type="text"/>		LABS	Cholesterol	<input type="checkbox"/> Yes <input type="checkbox"/> No		Blood Glucose	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Height/Weight	ON MEDICATION	Height: <input type="text"/> <input type="text"/> . <input type="text"/> inches		Weight: <input type="text"/> <input type="text"/> <input type="text"/> pounds															
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LABS	Cholesterol	<input type="checkbox"/> Yes <input type="checkbox"/> No																	
	Blood Glucose	<input type="checkbox"/> Yes <input type="checkbox"/> No																	
	LDL: <input type="text"/> <input type="text"/> <input type="text"/> HDL: <input type="text"/> <input type="text"/> <input type="text"/> Total: <input type="text"/> <input type="text"/> <input type="text"/> FBG: <input type="text"/> <input type="text"/> <input type="text"/> (include value for individuals with/without diabetes) A1C: <input type="text"/> <input type="text"/> . <input type="text"/> % (diabetic)																		

Note: Your LIVSMART wellness program is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees and spouses. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same rewards by different means. Contact us at (888) 501-1252 or connect@livesmartoni.com and we will work with you (and if you wish, your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Physician Last Name:	Physician First Name:	City & State
Physician Address:	Physician Telephone Number:	Exam Date: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Physician Instructions:

If the member does not meet one or more of the health measure criteria listed below, document the member health improvement plan below.

The member health improvement plan must include:

- ✓ Goals of the Plan
- ✓ Patient actions to modify behavior, lifestyle or adherence to medical recommendations
- ✓ Follow up visit plan established in accordance with physician recommendations

SELECT HEALTH RISK(S)	GOAL HEALTH MEASURE CRITERIA
<input type="checkbox"/> Tobacco Use	No tobacco use
<input type="checkbox"/> Weight Loss	BMI < 25
<input type="checkbox"/> Blood Pressure Control	< 120/80 (both systolic and diastolic)
<input type="checkbox"/> Cholesterol and Triglyceride Lowering	LDL <160, HDL > 40 Total Cholesterol < 200, Triglycerides < 150
<input type="checkbox"/> Blood Glucose/Diabetes Management/Control	Normal fasting blood sugar OR patients with diabetes A1C < 7%
<input type="checkbox"/> Sedentary Activity	30 minutes, 5 days a week

Goals:

- 1.
- 2.

Patient Actions:

- 1.
- 2.

Recommendations for follow-up visit:

- 1.
- 2.

Physician Signature: I verify the information is complete and accurate.

Physician Last Name

Physician First Name

Member Last Name

Member First Name

Fax completed form to: 1-205-978-3760 • Questions please call 1-888-501-1252