

City of Branson Health Risk Assessment Results and Physician Sheet

The patient listed below is participating in a Health Risk Assessment program with the City of Branson’s Wellness Plan. Please indicate that the following biometric data has been completed and will be reviewed with the patient.

Please note that we do **NOT** need to have the information of what the numbers are, we just need to know that the information was reviewed.

Patient Complete (Please Print)

Patient name: _____ Date of Birth: _____

Patient Daytime Phone: _____

**Biometric Data (Please indicate with a check mark that the below was checked in your office.
DO NOT include the measurements, or health data on this form.)**

- | | |
|--|---|
| <input type="checkbox"/> Height | <input type="checkbox"/> Blood Hemoglobin A1C |
| <input type="checkbox"/> Waist Circumference | <input type="checkbox"/> Total Cholesterol |
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Triglycerides |

Physician: _____ Physician Visit Date: _____

Qualified Professional Signature: _____ **Date** _____

Physician Address: _____ City _____

State: _____ Zip Code: _____ Office Number: _____

Please return this form to: City of Branson Human Resources, 110 West Maddux Street, Branson MO 65616,
email: hr@bransonmo.gov, or fax: 417-337-5466.