



Provider Wellness Consultation Form

City of North Myrtle Beach Employee Health Center

1120-B 2nd Ave South
 North Myrtle Beach, SC 29582
 Office: 843-366-2714 Fax: 843-366-2455

Patient Information	Provider Information
Name:	Name:
DOB:	Address:
Date of Annual Wellness Visit:	Phone:

Dear Health Care Provider,

Your patient is participating in the **City of North Myrtle Beach Employee Wellness Program**. As a participant, your patient is eligible for incentive rewards. During the Annual Wellness Visit, please complete this form and return to your patient or fax to: CNMB Employee Health Center at 843-366-2455. This provider consultation form is an attestation that you performed the following Annual Wellness objectives during the visit with your patient:

Provider to complete:

CLINICAL MEASUREMENT	CNMB Employee Wellness Program Goal	N/A	Met	No
History	Past medical, family, and social history			
Health Risk Assessment	Depression, alcohol misuse, domestic violence, fall risk, etc			
Biometric Objectives	BMI <30, BP <120/80, Fasting BG <100, A1C <5.7%, Total Cholesterol <180, Triglycerides <150, HDL >=50, LDL <130, Tobacco Cessation.			
Physical Exam	Medical evaluation as appropriate			
Preventative Services	Appropriate age specific preventative services per USPSTF guidelines. https://www.uspreventiveservicestaskforce.org			
Vaccinations	Appropriate age specific vaccinations offered per CDC guidelines. https://www.cdc.gov/vaccines/vpd/vaccines-age.html			
Counseling	Provide education and advice on risk factors, recommend appropriate interventions and/or treatments			

* USPSTF= United States Preventive Services Task Force; CDC=Center for Disease Control; N/A=Not Applicable

 Provider Signature

 Date