



Health Risk Assessment

INSTRUCTIONS

The LiveWell Lakers Wellness Program is very interested in helping you improve your holistic wellness and quality of life. We want to ask you a few questions about your current health. Your doctor and a LiveWell Lakers approved health professional and your own learning and understanding will use this information to better meet your individualized health needs. The information you provide in this form is personal health information protected by federal and state law and will be kept confidential. It CANNOT be used to deny health care coverage.

We also encourage you to see your doctor, or a LiveWell Lakers approved health professional for a check-up as soon as possible after you enroll with a health plan, and at least once a year after that. An annual check-up appointment is a covered benefit of Lake Superior State University. Contact your health plan if you need transportation assistance to get to and from this appointment.

Instructions for completing this Health Risk Assessment:

- Answer the questions in sections 1-3 as best you can. You are not required to answer all of the questions.
- Call your doctor's office to schedule an annual check-up appointment. Take this form with you to your appointment.
- Don't forget to complete a new health risk assessment each year.

After your appointment, keep a copy or printout of this form that has your doctor's signature on it. This is your record that you completed your annual Health Risk Assessment.



Health Risk Assessment

First Name, Middle Name, Last Name, and Suffix				Date of Birth (mm/dd/yyyy)
Mailing Address		Apartment or Lot Number		mihealth Card Number
City	State	Zip Code	Phone Number	Other Phone Number

SECTION 1 - Initial assessment questions (check one for each question)

- In general, how would you rate your health? Excellent Very Good Good Fair Poor
- (For women only) Are you currently pregnant? Yes No Not applicable (men only)
- In the last 7 days, how often did you exercise for at least 20 minutes in a day?
Every day 3-6 days 1-2 days 0 days

* Exercise includes walking, housekeeping, jogging, weights, a sport or playing with your kids. It can be done on the job, around the house, just for fun or as a work-out.

- In the last 7 days, how often did you eat 3 or more servings of fruits or vegetables in a day?
Every day 3-6 days 1-2 days 0 days

* Each time you eat a fruit or vegetable counts as one serving. It can be fresh, frozen, canned, cooked or mixed with other foods.

- In the last 7 days, how often did you have (5 or more for men, 4 or more for women) alcoholic drinks at one time? Never Once a week 2-3 times a week More than 3 times during the week

* 1 drink is 1 beer, 1 glass of wine, or 1 shot.

- In the last 30 days have you smoked or used tobacco? Yes No

If YES, Do you want to quit smoking or using tobacco?

- Yes I am working on quitting or cutting back right now No

- How often is stress a problem for you in handling everyday things such as your health, money, work, or relationships with family and friends? Almost every day Sometimes Rarely Never
- Do you use drugs or medications (other than exactly as prescribed for you) which affect your mood or help you to relax? Almost every day Sometimes Rarely Never



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* This includes illegal or street drugs and medications from a doctor or drug store if you are taking them differently than exactly how your doctor told you to take them.

9. Have you had a flu shot in the last year? Yes No

10. How long has it been since you last visited a dentist or dental clinic for any reason?

Never Within the last year Between 1-2 years Between 3-5 years More than 5 years

11. Do you have access to transportation for medical appointments?

Yes No Sometimes, but it is not reliable

* Transportation could be your own car, a friend who drives you, a bus pass, or taxi. Your health plan can help you with a ride to and from medical appointments.

12. Do you need help with food, clothing, utilities, or housing? Yes No

* This could be trouble paying your heating bill, no working refrigerator, or no permanent place to live.

SECTION 2 - Annual appointment

A routine checkup is an important part of taking care of your health. An annual physical appointment is a covered benefit of Lake Superior State University.

Date of appointment (mm/dd/yyyy): _____

At my appointment, I would most like to talk with my doctor about:

** An annual appointment gives you a chance to talk to your doctor and ask any questions you may have about your health including questions about medications or tests you might need.*

Take this form to your check-up and complete the rest of the form with your doctor at this appointment.

Section 3 - Readiness to change

Your Healthy Behavior

Small everyday changes can have a big impact on your health. Think about the changes you would be most interested in making over the next year. It is also important to get any health screenings recommended by your doctor.

Now that you have thought about your healthy behavior, answer questions 1 - 3. For each question, use the scale provided and pick a number from 0 through 5, 0 being no interest/no help needed to 5 being very interested/help wanted and well received.

1. Thinking about your healthy behavior, do you want to make some small lifestyle changes in this area to improve your health?

1.) 0 1 2 3
 4 5

2. How much support do you think you would get from family or friends if they knew you were trying to make some changes?

2.) 0 1 2 3
 4 5

3. How much support would you like from your doctor or your health plan to make these changes?

3.) 0 1 2 3
 4 5

Section 4 – To be completed by your primary care provider

Primary care providers should fill out this form for the LiveWell Lakers Wellness Program benefited by Lake Superior State University, beneficiaries enrolled in Managed Care Plans only. Sign the Primary Care Provider Attestation, including the date of the appointment. Both parts of Section 4 must be filled in for the attestation to be considered complete.

Healthy Behaviors Goals Progress

- Did the patient maintain or achieve/make significant progress towards their selected health behavior goal(s) over the last year?

Not applicable – this is the first known Health Risk Assessment for this patient.

Yes

No

Patient had a serious medical, behavioral, or social condition or conditions which precluded addressing unhealthy behaviors.

Healthy Behavior Goals

Choose one of the following for the next year:

1. Patient does not have health risk behaviors that need to be addressed at this time.

2. Patient has identified at least one behavior to address over the next year to improve their health

(choose one or more below):

Increase physical activity, learn more about nutrition and improve diet, and/or weight loss

Reduce/quit alcohol consumption



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- Reduce/quit tobacco use Treatment for substance use disorder
- Annual influenza vaccine Dental visit
- Follow-up appointment for screening or management (if necessary) of hypertension, cholesterol and/or diabetes
- Follow-up appointment for maternity care/reproductive health
- Follow-up appointment for recommended cancer or other preventative screening(s)
- Follow-up appointment for mental health/behavioral health
- Other: explain _____

- 3. Patient has a serious medical, behavioral or social condition(s) which precludes addressing unhealthy behaviors at this time.
- 4. Unhealthy behaviors have been identified, patient's readiness to change has been assessed, and patient is not ready to make changes at this time.
- 5. Patient has committed to maintain their previously achieved Healthy Behavior Goal(s).



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Primary Care Provider Attestation

I certify that I have examined the patient named above and the information is complete and accurate to the best of my knowledge. Please provide a copy of the Primary Care Provider Attestation to the LiveWell Lakers Wellness Program Committee at Lake Superior State University human resources.

Provider Last Name	Provider First Name	National Provider Identifier (NPI)
Provider Telephone Number		Date of Appointment
Signature		Date