LiveWELL
Work | Eat | Learn | Live
Celebrating 10 Years

2017 CHS LiveWELL Incentive
Health Coaching Alternative Form

REQUIRED: **Employee ID#**
(Find six-digit ID# by your name on paycheck)

_____ _____ _____
Last Name (print legibly) **First Name** Middle Initial

Birth date: ___ mo/___day/____year **Best phone to reach you:** _____

Work Location & Department_____

I am enrolled in the following CHS LiveWELL Health Plan (circle one): Yes No

Instructions: Ask your program professional to complete the information below.

Indicate the program completed:

- ☐ CHS/LiveWELL Diabetes Prevention Program (DPP)
- ☐ YMCA Lifestyle Management and Medical Referral Program
- ☐ Weight Watchers (in-person meeting, no online)
- ☐ Quit Smart or other tobacco cessation program completion
- ☐ Carolinas Weight Management Center program or Weight Loss Surgery program
- ☐ Professional counseling or coaching sessions (includes CHS Medical Nutrition Therapy)
- ☐ Compassion Champion (submit Compassion Log with this form)
- ☐ Know Your Numbers Lab Results Review at CHS On-Site Care (review must be done at CHS On-Site Care in the same year as the lab draw)
- ☐ **Circle one**: Mental Health First Aid 8-hour class; POTT or CURO Education
- ☐ **Other** (**circle one**): Nursing Resilience Education or Let's Talk Wellness at Work

Date(s) of program: _____Today's Date: _____ mo/_____day/_____year

Program Professional's Name (**printed):**_____

Program Professional's Signature: _____

Deadline: This form must be received by CHS LiveWELL no later than **November 6, 2017.**
Fax the completed form before the deadline to CHS LiveWELL at **704.446.1635** or email to CHSLiveWELLRewards@CarolinasHealthCare.org.
Retain your completed copy of this form and your fax confirmation until your incentive reward is received.