

# NHRMC Healthy Lifestyles Plan

## 2019 Action Item Completion Form

### Healthy Lifestyles Plan-Diabetes & High Blood Pressure

**HEALTH INFORMATION**

Please fill out form below and submit to Healthy Lifestyles Plan Administrator by **December 31, 2019**

Action Item	Requirements	Date Completed
Annual Doctor Visit	Required for all	
Retinal Eye Exam	Required for all	
Mid-Year HRA (June/July 2019) **	Required for all	
Special Presentation (One presentation per year) *	Required for all	
Introduction to Diabetes (Online Only) *	Required if <b>NOT</b> completed in previous years	
Heart Health & Healthy Lifestyles Class (Online Only) *	Required if <b>NOT</b> completed in previous years	
Healthy Lifestyles Good for You Class *	Required if <b>NOT</b> completed in previous years	
Introduction to Hypertension (Online Only) *	Required if <b>NOT</b> completed in previous years	
Special Presentation (One presentation per year)	Required for all	
Diabetes Foot Exam	Required with HbA1c 6.5+ (at 2019 HRA)	
Cooking Class or Grocery Store Tour ***	Required with HbA1c 7.0+ (at 2019 HRA)	
Cooking Class or Grocery Store Tour ***	Required with HbA1c 7.0-8.9 (at 2019 HRA)	
Pharmacy Visit (One Visit)	Required with HbA1c 7.0-8.9 (at 2019 HRA)	
Pharmacy Visit (Two Visits)	Required with HbA1c 9+ Required with Blood Pressure 160/100+ (at 2019 HRA)	
Dietitian Visit (One Visit)	Required with HbA1c 9.0+ (at 2019 HRA)	

\*Sign up on [www.nhrmc.org/healthylifestylesplan](http://www.nhrmc.org/healthylifestylesplan) (Click on **CLASSES**)

\*\* Requirements: height, weight, BP, HbA1c, and fasting lipid panel

\*\*\* Sign up at [www.nhrmc.org/cooking](http://www.nhrmc.org/cooking)

**MEMBER INFORMATION (To be completed by Patient):** **2019 HRA HbA1c** \_\_\_\_\_ **Blood Pressure** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Last 4 SS#: \_\_\_\_\_

Email address: \_\_\_\_\_ Dependent (Circle one): Yes No

You will be notified if your Action Item Completion form needs more information by the NHRMC's Healthy Lifestyles Plan Administrator.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax your completed form to **910.667.5969**, or mail to:  
**NHRMC HR Benefits, Attn: Tina Marie Medlin, Health Lifestyles Plan Administrator**  
**PO Box 2318**  
**Wilmington, NC 28401**