

**CITY OF HOLYOKE HEALTH AND WELLNESS COACHING PROGRAM
SCREENING BY PRIMARY CARE PHYSICIAN**

City of Holyoke employee _____ is participating in the
(employee name)
City of Holyoke Wellness and Wellness Coaching and has agreed to share certain Health
Information with the Municipal Wellness Coordinator, collected by Physician.

Date of screening with Physician _____

Height _____ Weight _____

Body Mass Index (BMI) _____

Body Fat _____

Blood Pressure _____

Glucose _____

Total Cholesterol _____ HDL: _____ LDL: _____ Triglycerides: _____

Physician signature

Physician printed name

Physician practice group and address

Received by:

Wellness Coach

Date

Please return to Wellness Coach
Interoffice: Board of Health
Mail: 20 Korean Veterans Plaza Holyoke, MA 01040
Scan and email: wilkinsj@holyoke.org