

## Annual Wellness Pillars and Reasonable Alternative Instructions

### STEP 1: Obtain your fasting

pillars blood work which includes:

- Lipid panel (should include Chol/HDL Ratio)
- A1C (if glucose >100)
- CBC
- CMP
- Serum Nicotine
- TSH
- PSA (males >40)

### STEP 2: Schedule your wellness exam which includes a blood pressure and BMI or body fat measurement.

**Your  
Primary Care Provider  
(PCP)**

OR

**Firelands Corporate  
Health Center (CHC)**  
5420 Milan Road  
Sandusky, OH 44870  
419-557-5052

OR

**Erie County Health  
Department**  
420 Superior Street  
Sandusky, OH 44870  
567-867-5174

**STEP 3:** You and your provider must complete and sign the Wellness Exam Verification and Reasonable Alternative Form. The completed wellness exam verification and reasonable alternative form must be submitted to Firelands CHC no later than **October 31, 2024**. Incomplete or late forms will not be accepted or processed.



**If pillars were met** and you are satisfied with your outcomes, return form to Firelands CHC.

Email: [pillars@firelands.com](mailto:pillars@firelands.com)  
or  
give to Caryn Brown who will email to CHC



**If pillar(s) were NOT met**, you can set goals to achieve with your Primary Care Provider.

1. Determine alternative goal(s) with your private PCP that can be achieved within 60-90 days after initial screening
2. PCP to document goals on form
3. Work with your private PCP to progress toward your goal(s) and determine appropriate follow-up via telephone, virtual care, or face-to-face.

#### Goals Should

1. Be medically appropriate
2. Focus on a positive change in your health outcomes



4. Follow-up with private PCP to assess progress toward goals
5. PCP to document progress on form and sign off
6. Return form to Firelands CHC

Email: [pillars@firelands.com](mailto:pillars@firelands.com)  
or  
give to Caryn Brown who will email to CHC



You will receive email verification for receipt of your Verification Form and number of pillars passed.

**Participants must provide a valid email address to receive result verification.**

*Note: The wellness exam verification and reasonable alternative form must be submitted to Firelands CHC no later than **October 31, 2024**. Firelands Health is not responsible for any cost associated with form completion.*

# Wellness Exam Verification and Reasonable Alternative Form

Use this form to verify your annual wellness exam and any reasonable alternatives.

EMPLOYEE INFORMATION & ACKNOWLEDGMENT			EMPLOYEE RESULTS				
Print Name:			<b>Pillar Measure(s)</b>	<b>Pillar Target</b>	<b>Result</b>	<b>Met</b> ✓	<b>Not Met</b> ✓
Date of Birth:	Dept:		<b>LDL <u>or</u> Chol/HDL Ratio</b>	≤130 / 5.0			
Phone:			<b>Glucose <u>or</u> Hemoglobin A1C</b>	≤100 / 5.7			
Email:			<b>Serum Nicotine</b>	Negative			
I acknowledge that my test results will be shared with me. I also authorize Firelands Corporate Health Center to utilize my results as part of a group statistical format for reporting purposes. I understand that this consent is not required for completion of my Pillars testing and will not impact my Pillars results in any way. Late or incomplete forms will not be accepted.			<b>BMI <u>or</u> Body Fat</b>	≤29.9			
			<b>Blood Pressure</b>	≤140/90			
Employee Signature:		Date:	<b>Wellness Exam</b>	Date:	<i>OB Clearance:</i> <input type="checkbox"/> <i>By checking this box you are verifying that although values may not meet the target, you attribute the abnormal value(s) strictly to pregnancy and have discussed with the patient.</i>		
			<b>Flu Vaccine</b>	Date:			
PROVIDER WELLNESS EXAM ACKNOWLEDGEMENT							
Provider Printed Name:				Provider Address:			
Provider Signature:			Date:				
REASONABLE ALTERNATIVE GOALS							
Pillar Measure(s)	Pillar Target	For measures not met above, enter treatment goals to be achieved within 60-90 days	Recheck Date	Recheck Result	Note additional health improvements. Was the alternative goal <u>met</u> or <u>not met</u> ?		
LDL <u>or</u> Chol/HDL Ratio	≤130 / 5.0						
Glucose <u>or</u> Hemoglobin A1C	≤100 / 5.7						
Serum Nicotine	Negative						
BMI <u>or</u> Body Fat	≤29.9						
Blood Pressure	≤140/90						
Due Dates				Reasonable Alternative Provider Acknowledgement	Provider Signature:		
Employee Results, Wellness Exam, Goals established (if needed)		October 31, 2024			Date:		
Reasonable Alternative Goals Recheck (if established on first visit)		October 31, 2024					