

\*\*\* Information Only – Do not fax this page\*\*\*

We respect your privacy. Your answers are confidential and will not be given to your employer or any clinician who has not provided care to you.

We will review your answers to see if we can offer you additional resources or support. We may also review your answers with your clinician if doing so could help you.

We encourage you to complete this form and discuss with your clinician.

If you have questions about this form, please call the number on the back of your enrollee card.

### INSTRUCTIONS FOR COMPLETING THE WELLNESS ASSESSMENT

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- Print clearly and keep letters and numbers inside the boxes.
- Only fill in one answer per question.
- Do not put any additional marks or comments on this form.
- Any hand written comments, arrows or marks will not be processed.

Directions for parents/guardians completing a form for a child under age 18:

- Please complete the “Wellness Assessment – Youth” form for your child.
- Answer each question as best you can based on your personal observation and knowledge of your child.

Directions for Clinicians:

- Please review the completed assessment with your client.
- Check to be sure that all member and clinician identifying information at the top of the form is complete and accurate.
- Clinician ID refers to your tax id.
- In the event that a member is unable to complete this form, please complete both the patient and clinician information and fill in the “MRef” bubble next to “Clinician ID”.
- Fax this form to 1-800-985-6894. Please do not fax this instruction page. This is a secure, confidential fax line. A cover page is **not** needed.