

Ozaukee County Coaching Form

Employee/Spouse

Please fill out the top portion of this form and take it to your medical provider when you go for your coaching sessions. Once completed by your provider, it is YOUR responsibility to submit this form into the wellness portal.

Patient Name (Please Print)

Date of Birth

Patient Phone Number

Ozaukee County: Employee ___ Spouse ___

If the Patient Listed is a Spouse: Employee Name

Employee Date of Birth

Upload this form into the WellRight/Axum "Wellness Coaching Visits" challenge.

Coaching sessions are available to you at no cost with OzHealth Clinic's Nurse Practitioner, Elizabeth Merry. To schedule an appointment call 262-268-6603 (during clinic hours) or 262-268-6610 (outside of clinic hours).

Employee/Spouse

Medical Provider

Your patient has the opportunity to complete three coaching sessions as part of a health plan incentive program. When the session is completed, please fill out this form, sign and date it, and return it to the patient. Please fill out this form completely; missing data will result in this form being rejected.

<u>Session #</u>	<u>Date</u>	<u>Patient Signature</u>	<u>Provider Signature</u>
Coaching Session One	___/___/___	_____	_____
Coaching Session Two	___/___/___	_____	_____
Coaching Session Three	___/___/___	_____	_____

Medical Provider