SYNERGY HEALTHCARE

2024 City of Kannapolis Health Risk Assessment Event

Save the date!

Date	Event Time	Location
Tuesday 5/7 Wednesday 5/8 Thursday 5/9	6:30A – 10:30A	City Hall, 401 Laureate Way Laureate 3 Room

Book your appointment, appointments are required.

1) Online: www.timecenter.com/cityofkannapolis, select “2024 HRA Event”
2) or Call Synergy’s Appointment Line: 980-505-8401

Important: Please fast!

Please **do not** eat or drink 8 hours before your appointment, **except** for water or black coffee.
Please **do** drink plenty of water before the event, drinking water helps with your blood draw.
Please **do not** exercise the morning of your appointment, this could alter your blood results.
Please **do** take your regularly prescribed medications.
Please **do not** use nicotine the morning of your appointment, this could alter your blood results.

City of Kannapolis' risk assessments are scheduled Tuesday 5/7 – Thursday 5/9. **You should complete your health risk assessment by May 15, 2024.**

Who can participate in the event?
If you are an employee on the medical plan, by participating and maintaining the wellness program guidelines, you will receive a discount on your medical premiums. Spouses and Retirees on the medical plan are eligible to participate to have access to the onsite clinic.

What do I do *before*, *during*, and *after* my assessment?
First, you will need to secure your appointment. 8 hours before your appointment, you will need to stop consuming food, you can drink water or black coffee. This will ensure you are fasted, but make sure you are drinking plenty of water, it is important to be hydrated for your blood draw. Note, avoiding exercise and nicotine before your appointment is also helpful for the most accurate blood results. If you take regularly prescribed medications, please continue to take these on time.

Before you arrive to your appointment, make sure you have completed the last two documents in this packet (questionnaire and agreement to participate), we will need these for your appointment. Arrive on time for your appointment, arriving too early or too late can cause waiting and delays. This is important so we can get everyone in and out quickly, and to maintain social distancing guidelines.

Once you arrive, you will present your documents to the Synergy technician. Your documents will be reviewed for completion, a lab order will be completed, and you will be directed to the next station. Our technician will take you to their station to complete your biometrics (height, weight, waist measurement, pulse rate, and blood pressure) and they will draw two tubes of blood – one for the lipid panel and glucose, and one for the A1C. After this, the technician will keep your documents and you are finished. Your appointment should not take longer than 5-10 minutes. *If you have lab results already or will be visiting your physician, please refer to the section below "What if I am unable to attend the event?".

You will receive your results by mail to the address you indicated on your documents within 3 weeks with further instructions for your wellness program if applicable.

Scheduling your appointment
You can schedule your appointment online or by calling Synergy Healthcare's appointment line.

Online: www.timecenter.com/cityofkannapolis, select "2024 HRA Event"
Appointment Line: 980-505-8401 (M-Th 8A-5P, F 8A-11:30A)

If I had a blood work with my physician, can I use those labs instead of getting a blood draw?
Yes, if you had recent blood work with your physician (must include a lipid panel and a glucose serum), we will accept those results, so you do not need a blood draw. **Results will be accepted from January 1, 2024 to current**. Please book an appointment and bring your completed questionnaire, agreement to participate, and copy of your lab results. We will verify your completed paperwork and results, and if you are missing or need biometrics, we can collect those at your appointment.

What if I am unable to attend the event?
If you are unable to attend the event, you may visit the onsite clinic or you may see your primary care physician.

If you see your physician, please make sure the following information is completed and submitted to Synergy with your questionnaire and consent:

- Height, weight, waist measurement, pulse rate and blood pressure must be written in the biometrics section on your questionnaire.
- A copy of your lab results for a lipid panel, glucose, A1C, and prostate specific antigen (males 45+)

All measurements and labs noted above are **mandatory** in order for us to complete your health assessment. If a biometric or lab value is left off, we are unable to process your health assessment for participation. Please take the completed questionnaire, consent, and lab results from your physician and submit these documents to Synergy Healthcare by mail: P.O. Box 1069, Denver NC 28037, by email: KatieK@synergyhealthcare.net, or fax: 704-966-0056. DO NOT SEND HRA PACKETS TO YOUR SUPERVISOR OR HUMAN RESOURCES DEPARTMENT.

The deadline to submit your packet if you are unable to attend the event is May 15, 2024.

Know Your Number® Health Questionnaire – Employer: City of Kannapolis
Today's Date: _____

First Name:	**Middle Name:**	**Last Name:**	
If you have changed your name since your last HRA, please list previous last name here:			
Mailing Address:	**City:**	**State:**	**Zip:**
	Email:		
Cell Phone #:			
Date of Birth: / /	**Sex:** Male ☐ Female ☐	**Social Security #:**	
Ethnic Group: Caucasian ☐ African-American ☐ Asian ☐ Hispanic ☐ Native American ☐ Other ☐			

Have you EVER been told by a doctor that you have any of the following? Please check yes or no for each.		
Diabetes (gestational diabetes not included)	☐ **Yes**	☐ **No**
Coronary Heart Disease (angina, heart attack, angioplasty or by-pass surgery)	☐ **Yes**	☐ **No**
Stroke/TIA (mini strokes)	☐ **Yes**	☐ **No**
Congestive Heart Failure	☐ **Yes**	☐ **No**
Valve Disease or Heart Murmurs	☐ **Yes**	☐ **No**
Other Cardiovascular Disease (atherosclerosis, peripheral arterial disease or aortic aneurysm)	☐ **Yes**	☐ **No**
Left Ventricular Hypertrophy (enlargement of the left ventricle of the heart)	☐ **Yes**	☐ **No**
Atrial Fibrillation	☐ **Yes**	☐ **No**
Please answer the following questions about your lifestyle. Please check yes or no for each.		
Do you currently smoke cigarettes?	☐ **Yes**	☐ **No**
Have you ever regularly smoked cigarettes?	☐ **Yes**	☐ **No**
Do you currently use tobacco or nicotine products other than cigarettes (electronic cigarettes, nicotine patches, etc.)?	☐ **Yes**	☐ **No**
Please answer ALL of the following questions about your exercise.		
How many days per week do you exercise for at least 20 minutes at a time?	☐ 1 or less	☐ 2-4 ☐ 5 or more
While exercising, how hard are you breathing?	☐ Normal	☐ Moderate ☐ Hard
Do you currently take any of the following medications? Please check yes or no for each.		
Medication to lower your blood pressure?	☐ **Yes**	☐ **No**
Medication to lower your cholesterol?	☐ **Yes**	☐ **No**
At least one quarter of an adult aspirin (81 mg) daily?	☐ **Yes**	☐ **No**
FOR WOMEN ONLY: Please answer the following questions.		
How many live births have you had? Enter a number in the blank.	_____	
Are you currently pregnant?	☐ **Yes**	☐ **No**
Were you ever told by your doctor that you had gestational diabetes while pregnant?	☐ **Yes**	☐ **No**
If you did have gestational diabetes, how many years since you were last diagnosed? Enter a number in the blank.	_____	
Have you passed through menopause (either naturally or have had your ovaries removed)?	☐ **Yes**	☐ **No**
Are you currently using any form of hormone replacement therapy (after menopause only)?	☐ **Yes**	☐ **No**
FOR NICOTINE USERS ONLY: Have you EVER been told by a doctor that you have any of the following? Please check yes or no for each and answer additional questions below.		
Lung cancer or COPD: ☐ **Yes** ☐ **No** Emphysema: ☐ **Yes** ☐ **No** Asthma: ☐ **Yes** ☐ **No**		
Do you **currently** have asthma?	☐ **Yes**	☐ **No**
What is the combined number of years you have used **any** form of nicotine? Enter a number in the blank.	_____	
On average, how many cigarettes do you smoke daily? If other forms of nicotine, please put how much you use daily.	_____	

ALL BIOMETRICS AND LABS BELOW MUST BE COMPLETED BY MEDICAL PROVIDER PRIOR TO SUBMITTING THIS QUESTIONNAIRE TO SYNERGY HEALTHCARE.

BIOMETRIC INFORMATION		**LAB VALUE INFORMATION: Proof of ALL labs MUST be attached to this form**			
Height	FT IN	Fasting Status	☐ Fasting ☐ Non-Fasting	LDL Cholesterol	mg/dL
Weight	LBS	Fasting Glucose	mg/dL	PSA (male 45+)	
Waist Measurement	INCHES	Total Cholesterol	mg/dL	A1C	
Pulse Rate	BPM	Triglycerides	mg/dL	Event Tech Initials	
Blood Pressure	/	HDL Cholesterol	mg/dL	Notes:	

Medical Provider Signature: _____ **Date:** _____

Agreement to Participate in Employer Sponsored Wellness Program and to Release Personal Health Information

By signing this document, I knowingly and willingly agree to participate in the voluntary Wellness Program sponsored by my/spouse's Employer in conjunction with Synergy Healthcare USA LLC and satisfactorily meet any wellness guidelines established by my/spouse's Employer for the program. By participating in the Wellness Program, I understand that the primary emphasis is to focus on wellness and prevention of health risks. The health assessment I am receiving as part of this program is to screen for high risk factors related to body mass index, blood pressure, glucose, triglycerides, cholesterol, and other risks outlined by my Employer. The health assessment does not identify additional medical issues and does not replace a routine physical with my primary care physician. Synergy Healthcare USA LLC will have a designated medical professional that I can ask questions to about my health assessment results. Synergy Healthcare USA LLC or my/spouse's employer are not liable for any health risks identified in my health assessment.

I authorize the lab vendor, my health plan's pharmacy benefit management company, and my insurance company, all of whom are subject to Health Insurance Portability and Accountability Act of 1996 (HIPAA), to disclose my personal medical information to Synergy Healthcare USA LLC. In addition, I authorize my/spouse's Employer to release my personal demographic information to Synergy Healthcare USA LLC to facilitate the distribution of program information to me at my home.

I understand that, unless prohibited by state and/or federal law, the protected health information is to be disclosed under this authorization so that Synergy Healthcare USA LLC employees and representatives may: 1) define my unique health risk; 2) evaluate my health service utilization patterns; 3) develop an individual health risk reduction plan for me; 4) provide care and evaluation outcomes of such activities; 5) track the evolution of my risk factors over time; and 6) determine the types of health education I may need to increase my awareness of my health risk issues and the service options available to me to address them. This information may also be used to compile aggregate summary statistical data reports; and may be used by Synergy Healthcare USA LLC on a de-identifiable basis to support its internal business processes.

I authorize and give permission to Synergy Healthcare USA LLC to contact me by phone or electronic communications to the phone number or email address I provided on my health assessment questionnaire. Communication will be in connection with compliance reminders, if needed, for the wellness program I am participating in. I can decline to receive these communications by contacting Synergy Healthcare USA LLC by calling 980-505-8401.

This authorization shall remain in force until such time as I notify Synergy Healthcare USA LLC of my desire to withdraw from the program. I understand that I have the right to revoke this authorization at any time. The request for revocation must be in writing and include my full name, company name, and date of birth. It should be sent to Synergy Healthcare USA LLC program at the address or fax below.

_____

Print Name

_____

Signature Date

Synergy Healthcare USA LLC
PO Box 1069
Denver, NC 28037

Fax: 704-966-0056