



Qualifying Client Detail Sheet

Human Resource Director's Name: _____

Company Name: _____

1. Number of Employees: _____

2. Fully or Self Insured: _____

3. Type of Industry: _____

4. Reason for Wellness: _____

5. Employee Shift Work Schedule: _____

6. Description of current wellness offerings: _____

7. Circle the wellness service(s) your client may be interested in receiving a proposal for:

- a. Health Risk Assessments with Health Screenings
- b. One-on-one Coaching
- c. Smoking Cessation
- d. Incentive Program
- e. Wellness Audit
- f. Hypertension Management
- g. Wellness Challenges
- h. Lunch n Learns
- i. Group Education Sessions
- j. Other _____

8. Scheduled presentation date: _____

9. Estimated implementation timeline of wellness programming: _____

Please forward this completed form to the CarePro Health Risk Management office.
Thank you.