

Member Name:	Date:
Member ID:	Date of Birth:

Please check the box below and provide the date of service if the member has completed the health initiative. **Once completed, please email to member_rewards@solishealthplans.com.**

X	Health Initiative	Date of Service
	Adult Access to Primary Care (1 st or 2 nd Quarter)	
	Adult Access to Primary Care (3 rd or 4 th Quarter)	
	Colorectal Cancer Screening Colonoscopy	
	Colorectal Cancer Screening Other Laboratory Colorectal Test	
	Kidney Health Evaluation	
	Nutritional Education	
	A1C Control (<8.0%) (3 rd or 4 th Quarter - Must be diabetic)	
	Breast Cancer Screening	
	Eye Exam - Diabetic Retinal Exam (DRE)	
	Blood Pressure Control (<140/90) (3 rd or 4 th Quarter)	
	Risks of Fall Education	
	Fitness Participation (1 st Quarter)	
	Fitness Participation (2 nd Quarter)	
	Fitness Participation (3 rd Quarter)	
	Fitness Participation (4 th Quarter)	
	Medication Review	
	Advanced Care Planning	
	Pneumococcal Vaccination	
	Influenza (Flu) Vaccination (Required: 1 st or 4 th Quarter)	
	Patient Health Questionnaire (PHQ-9)	
	Functional Status Assessment	
	Smoking Cessation	
	Annual Wellness Visit	
	Pain Assessment	

Physician Signature:
