2027 Henniges Automotive Well-Visit Form

Participant Instructions: Exams and lab tests must be performed between **10/19/2026 - 9/30/2027**. Participant to complete the top portion of the form. Health Care Provider to complete the bottom portion.

Upload your completed form within your Kapnick Strive wellness portal at www.kapnickstrive.com/henniges OR FAX to 888-975-5086. Forms must be received by Kapnick Strive no later than 9/30/2027.

Questions: Contact Kapnick Strive at strive@kapnick.com or 877-233-2296

FIRST NAME	**LAST NAME**
GENDER ☐ **MALE** ☐ **FEMALE**	**DATE OF BIRTH**
PRIMARY PHONE #	**EMAIL**

Note: All measurements including the waist circumference are required

WAIST CIRCUMFERENCE _____**inches**

WAIST CIRCUMFERENCE TARGET RANGE
MEN: 40 inches or less
WOMEN: 35 inches or less

By signing below, I consent to the participation in the wellness program, associated screenings and to the release of my medical information to Kapnick Strive. I understand that my participation is voluntary, and my employer will not receive my results. I consent that the information on this form is complete and accurate.

PARTICIPANT SIGNATURE: _____

Health Care Provider: Your patient's employer is offering a wellness program with the required screenings listed below. To ensure your patient receives their incentive, please complete all labs, biometric measures, and fields on the form, then return it to the patient. **Incomplete forms cannot be accepted.**

DATE OF EXAM	**FASTING STATUS** ☐ **YES** ☐ **NO**

BLOOD PRESSURE
SYSTOLIC _____**mm Hg**
DIASTOLIC _____**mm Hg**

BLOOD PRESSURE TARGET RANGE
SYSTOLIC: Less than 130 mm Hg
DIASTOLIC: Less than 85 mm Hg

HIGH DENSITY LIPOPROTEIN (HDL) _____**mg/dL**

HDL TARGET RANGE
MEN: 40 mg/dL or greater
WOMEN: 50 mg/dL or greater

TRIGLYCERIDES _____**mg/dL**

TRIGLYCERIDES TARGET RANGE
Less than 150 mg/dL

FASTED BLOOD SUGAR GLUCOSE
(Please do not submit A1c results) _____**mg/dL**

FASTING GLUCOSE TARGET RANGE
Less than 100 mg/dL

ADDITIONAL COMMENTS

Provider Signature: By signing below, I verify the information above is complete and accurate. **PROVIDER PRINTED NAME**	**PROVIDER PHONE #**
PROVIDER SIGNATURE	**DATE**