TAKE CHARGE OF YOUR HEALTH

YOUR PERSONAL HEALTH MANUAL

TAKE CHARGE CHECKLIST

My Personal Health Information

Each week of the Take Charge wellness incentive challenge, you will assemble one section of your Take Charge Manual. As each section is completed, check it off below. When complete, you will return only this checklist to the challenge coordinator. Remember: your personal health manual is confidential, and yours to keep in a safe place.

- ☐ **Week One/Section One:** Health Contact Information
- ☐ **Week Two/Section Two:** Health Numbers
- ☐ **Week Three/Section Three:** Medication Listing
- ☐ **Week Four/Section Four:** Family Medical Tree
- ☐ **Week Five/Section Five:** Health Information
- ☐ **Week Six/Section Six:** Medical Visits
- ☐ **Week Seven/Section Seven:** Medical Documents/Health Reports
- ☐ **Week Eight/Section Eight:** Primary Care Provider

I have successfully completed my Take Charge Manual and am committed to storing it in an accessible location, keeping it up-to-date with current information, and using it to better monitor and manage my health and health care. I also verify I have secured a primary care provider.

_____ _____

Name **EIN**

_____ _____

Worksite Address **Incentive List (Please choose one)**

Please submit by:
Email: wellness@pima.gov
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Mail: 150 W. Congress, 4th Floor