



P. O. BOX 3014

WILSON NC 27895

phone: 252-237-5876

fax: 252-291-0393

Client Name: _____ **DOB:** _____

Dear Health Care Provider,

Your patient is participating in a company “wellness” program. The employee is rewarded for successful completion of Health goals. The purpose of the program is to create an awareness of lifestyle’s affect on health, fitness, and quality of life and provide the encouragement and resources for them to make positive lifestyle changes.

In order to participate in the program, we need the following health information on your client.

Weight: _____

Blood Pressure: _____

Heart Rate: _____

Thanks for your time.

Respectfully,

Leigh Ann Tripp
252-291-0393 FAX or Email
response@peak-health.net

Signature: _____ **Date:** _____