

ACTIVE MEMBER: The information contained on this form will be used to track completion of the annual program requirements for your condition(s). Please check off and date each of the required tasks as you complete them. When all required tasks have been completed for the program year, be sure to return this form to your TakeControl Educator. For additional copies, contact a TakeControl program coordinator at (228) 205-7667.

DON'T FORGET TO RETURN THE COMPLETED FORM BY THE DATE LISTED BELOW.

PATIENT NAME (PLEASE PRINT) _____ DATE OF BIRTH _____

ANNUAL PROGRAM START DATE _____ **COMPLETE ANNUAL PROGRAM CRITERIA AND RETURN BY** _____

☐ ASTHMA PROGRAM CRITERIA (Complete at least one of the activities from each category below)

PHYSICAL ACTIVITY

Did you meet with a Wellness Coordinator, Fitness Coordinator or Physical Therapist to establish a plan/goal? ☐ Yes ☐ No Date _____

Did you complete a 5k? ☐ Yes ☐ No Date _____

Did you complete the Asthma Interactive Learning Programs in Wellness Online? ☐ Yes ☐ No Date _____

NUTRITIONAL ACTIVITY

Did you meet with a dietitian? ☐ Yes ☐ No Date _____

Did you attend a cooking demo? ☐ Yes ☐ No Date _____

Did you complete the Heart Health Interactive Learning Programs in Wellness Online? ☐ Yes ☐ No Date _____

OTHER ACTIVITY

Are you tobacco free or actively trying to quit? ☐ Yes ☐ No Date _____

☐ DIABETES PROGRAM CRITERIA (Complete at least one of the activities from each category below)

PHYSICAL ACTIVITY

Did you meet with a Wellness Coordinator, Fitness Coordinator or Physical Therapist to establish a plan/goal? ☐ Yes ☐ No Date _____

Did you complete a 5k? ☐ Yes ☐ No Date _____

Did you complete the Heart Health Interactive Learning Programs in Wellness Online? ☐ Yes ☐ No Date _____

NUTRITIONAL ACTIVITY

Did you meet with a dietitian? ☐ Yes ☐ No Date _____

Did you attend a cooking demo? ☐ Yes ☐ No Date _____

Did you complete the Diabetes Management Interactive Learning Programs in Wellness Online? ☐ Yes ☐ No Date _____

OTHER ACTIVITY

Are you tobacco free or actively trying to quit? ☐ Yes ☐ No Date _____

☐ HYPERTENSION PROGRAM CRITERIA (Complete at least one of the activities from each category below)

PHYSICAL ACTIVITY

Did you meet with a Wellness Coordinator, Fitness Coordinator or Physical Therapist to establish a plan/goal? ☐ Yes ☐ No Date _____

Did you complete a 5k? ☐ Yes ☐ No Date _____

Did you complete the Heart Health Interactive Learning Programs in Wellness Online? ☐ Yes ☐ No Date _____

NUTRITIONAL ACTIVITY

Did you meet with a dietitian? ☐ Yes ☐ No Date _____

Did you attend a cooking demo? ☐ Yes ☐ No Date _____

Did you complete the Weight Management Interactive Learning Programs in Wellness Online? ☐ Yes ☐ No Date _____

OTHER ACTIVITY

Are you tobacco free or actively trying to quit? ☐ Yes ☐ No Date _____