

COMMITMENT PLEDGE

Clinical Date: #

To become an active member of the TakeControl program and receive the \$0 fee benefits plan incentive, you must complete the following commitment pledge and at least one session with a TakeControl educator. If you haven't already, please call (228) 205-7667 (Ingalls) or (757) 327-4183 (Newport News) to schedule a session.

Participant's First Name Last Name		Date of Birth				
Phone Number		Email Address (This Attorney through Qua			rticipant/Legal Gua	rdian/Power of
Provider's Name ANNUAL PROGRAM REQU	UIREMENTS FOR	Check condition(s)			☐COPD ☐Dia	abetes
Requirement		Asthma	COPD	Diabetes		High blood
				A1c ≤ 9%	A1c > 9%	pressure
TakeControl educator sessions		•	• •	• •	• • •	•
Primary care provider visits		•	• •	•	•	•
A1C tests				• •	•••	
Respiratory Assessment (ACT, TRACK, CAT)		•	• •			
Health Metric Review (BP, Pulse Ox)		•	• •	••		•
Physical activity completion		•	•	•		•
Nutrition activity completion		•	•	•		•
Be tobacco-free or actively trying to quit		V	J	✓		V
By completing this form, I am I understand that my particip with this program if I meet, an requirements, I understand the of my current program year an end my participation as an act	ation in this program nd continue to meet at my \$0 fee benefit nd will renew each y	m is voluntary and , the requirements s plan incentive wi ear unless I notify a	I that I will only soutlined for my Ill be terminated	be able to quali y condition(s). If I. This commitme	fy for the bene I do not comple ent is effective u	fits associated ete the annual until the end
By my signature below I acknowledge my understanding of the criteria as set forth above.				Please return to the TakeControl team:		
Signature of Participant		Date		Drop off: HII Family Health Center		
Signature of Parent/Legal Guardian/F	as applicable) Date	applicable) Date		or Email: TakeControl@quadmedical.com		
			F.	or internal use only:		