Healthy Initiatives HealthPlan .

Personal Health Record



For Covered Individual's Personal File

NAME	☐ Male ☐ Female Date of Birth
Access your Personal Health Record and He	ealth Power Assessment by signing in at www.tmliebp.org
When did you have your blood work done?	mm/dd/yy
2. What is your height?	feet Inches
3. What is your weight?	pounds
4. What is your waist measurement?	Inches
5. What is your blood glucose?	Less than 100 mg/dL Normal 100-125 mg/dL Impalred/Pre-diabetes 126 mg/dL or higher Diabetes
6. What is your blood pressure?	Less than 120/80 Optimal 120-139 Pre-hypertension 140 or higher High Blood Pressure
7. What is your total cholesterol?	Less than 200 mg/dL Optimal 200-239 mg/dL Borderline High 240 mg/dL or higher High Cholesterol
8. What is your LDL (bad) cholesterol?	Less than 115 mg/dL Optimal 115-159 mg/dL Borderline High 160 mg/dL or higher High
9. What is your HDL (good) cholesterol?	Less than 40 mg/dL for men and 50 mg/dL for women increases the risk of heart disease.
10. What is your triglyceride level?	Less than 150 mg/dL Normal 150-199 mg/dL Borderline High 200 mg/dL or higher High

AGE & GENDER BIOMETRIC SCREENINGS	Female 18-35	Female 36-39	Female 40-50	Female 51+	Male 18-39	Male 40-50	Male 51+
Health Power Assessment Questionnaire	Х	Х	Х	Х	Х	Х	Х
Preventive Office Visit	Х	Х	Х	Х	X	X	X
Lipid Panel	Х	Х	Х	X	Х	X	X
Comprehensive Metabolic Blood Panel	Х	Х	X	X	X	X	- X
TSH		Х	Х	Х			
PSA							X
Fecal Occult		*	· X	X		×	$\frac{\hat{x}}{x}$
Bone Density Study		· · · · ·		$\frac{x}{x}$		_^	
Mammogram			Х	X			
PAP		х	X	 			

The TML Intergovernmental Employee Benefits Plan is a non-Federal governmental health plan that has elected to be exempted from the HIPAA Title I prohibitions against discriminating against individual participants and beneficiaries based on health status. Therefore, the rules regarding Nondiscrimination and Wellness Programs in Health Coverage in the Group Market do not apply to this plan.