



Health Coaching Request

To: Wellness Specialist
Dept: Health & Lifestyle Management
Fax: 810-230-2106
Date: _____
From: _____
Phone: _____

I would like to request my patient be enrolled in the HealthPlus Health Coaching Program.

Patient's Name: _____

Patient's Date of Birth: _____

Patient's HealthPlus ID #: _____

Patient's Phone Number: _____

Provider Signature: _____

Provider Name Printed: _____