

# 2019 Ozaukee County Coaching Form

## Employee/Spouse

Please fill out the top portion of this form and take it to your medical provider when you go for your coaching sessions. Once completed by your provider, it is YOUR responsibility to return this for to Human Resources (see contact information and instructions below).

Patient Name (Please Print)

Date of Birth

Patient Phone Number

Ozaukee County: Employee \_\_\_ Spouse \_\_\_

If the Patient Listed is a Spouse: Employee Name

Employee Date of Birth

Please submit this form by email to Ellen Jarr ([ejarr@co.ozaukee.wi.us](mailto:ejarr@co.ozaukee.wi.us)) or by dropping it off/ mailing to:

Ozaukee County

Attn: Ellen Jarr – Human Resources

121 W. Main Street

Port Washington, WI 53074

Coaching sessions are available to you at no cost with OzHealth Clinic’s Nurse Practitioner, Elizabeth Merry. To schedule an appointment call 262-268-6603 (during clinic hours) or 262-268-6610 (outside of clinic hours).

Employee/Spouse

## Medical Provider

Your patient has the opportunity to complete three coaching sessions as part of a health plan incentive program. When the session is completed, please fill out this form, sign and date it, and return it to the patient. Please fill out this form completely; missing data will result in this form being rejected.

Session #	Date	Patient Signature	Provider Signature
Coaching Session One	___/___/___	_____	_____
Coaching Session Two	___/___/___	_____	_____
Coaching Session Three	___/___/___	_____	_____

Medical Provider