



Bridge to Wellness Wellbeing Program General Medical Form

This form is to be used for Doctor, Dental, Eye or Dermatology Exams

SECTION I: TO BE COMPLETED BY YOU (Please Print)

Name: _____ Employee ID #: _____

Phone: _____

Signature: _____ Date: _____

SECTION II: TO BE COMPLETED BY YOUR DOCTOR/DENTIST

Examination (please circle):

Preventative Physical Exam - Preventative Dental Exam - Preventative Eye Exam -
Routine Dermatology

IF PREVENTATIVE PHYSICAL EXAM, PLEASE CIRCLE IF PATIENT IS TOBACCO-FREE: YES NO

Date: _____

Doctor/Dentist Signature: _____

Doctor/Dentist Name (please print): _____

Doctor/Dentist Clinic: _____

Please upload or submit the completed form either online in your wellbeing profile or to Wellness Coordinator, Angel Hohenstein. Questions? Contact Angel Hohenstein at 218-730-5201 or ahohenstein@duluthmn.gov