DEPAUW
OUR HEALTHY TIGERS

Proof of Visit Form

Check Type of Exam and/or Screening Received:

☐ Annual Physical	☐ Biometric Screening	☐ Cancer Screening
☐ Colonoscopy Exam	☐ Dental Exam	☐ Eye Exam
☐ Flu Shot	☐ Heart Check	☐ Mammogram Exam
☐ Pap Smear	☐ Prostate Exam	☐ Skin Check

Patient's Name (Please Print): _____
For coaching sessions fill in your name and use bottom of form.

Physician/Provider/Clinic Name: _____

Date of Visit: _____

Physician/Provider or Clinician: I certify the patient listed above received an exam / screening indicated above.

Physician/Provider or Clinician Signature: _____

☐ **Wellness Coaching Sessions.** NOTE: All 3 sessions must be completed within a 90-day period before submitting signed form

Session #1 _____ (Date) Session #2 _____ (Date) Session #3 _____ (Date)

Coach Signature: _____
Contact the HRH Lifestyle Medicine line 317-718-8160 to schedule your sessions.

DPU Employee/Spouse, once signed, take picture or upload form in the depauw.wellright.com.
Effective 01/01/2023