



Wellness Center

Business & Group Health Services

298 Memorial Drive
Seneca, SC 29672
Phone (864) 885-7654
Fax (864) 885-7571

Know Your Number requirements submitted through Personal Physician

** All the must be filled out in order for requirements to be met.*

Date: _____

Patient Name: _____ DOB: _____ Phone: _____

OMC Employee Spouse, of Employee: _____ DOB/Emp#: _____

Measures:				Lab Results:	
Height:		Ft.	In.	Fasting Glucose:	
Weight:	lbs.			Total Cholesterol:	
Waist Circumference:	In.			Triglycerides:	
Blood Pressure:				HDL:	
Pulse:				LDL (calculated):	
				HgA1c:	

**Lab Results must be attached.*

Online KYN Questionnaire Completed:

Yes

No, Must be completed by Patient to meet requirements. Call Wellness Center, with Questions.

Please fax all results to Wellness: 885-7571 to Attn: Know Your Number (KYN)

It is patient's responsibility to ensure this document is received by the Wellness Center.

Physicians Signature: _____