
Audit of Wellness & Health Promotion Measures Client Information Questionnaire

Complete all relevant items to request a proposal and email or fax the completed client information questionnaire to one of the following contacts:

Eileen Scott, RN, BSN, CPHQ, CHC
Email: escott@logiqual.com
Fax: 1.800.304.9434

Use the Tab key to move from field to field. Any field with a red asterisk is a required field.

1. Complete name of your organization:*

(If multiple organizations are covered under the corporation, please list the name of the corporation and names of all individual organizations that should be included in this proposal)

2. Complete mailing address:*

Address 1
Address 2
Address 3
City, State, Zip

(If PO Box address, then please provide the street address in "Address 3")

3. Contact person

Name: *
Title: *
Tel: *
Fax: *
Email: *

4. States covered:





5. Approximate membership covered by the WHP as of end of last year:
6. Location(s) of systems and/or databases that are used to store WHP data:

7. Specify software language used to develop code used to produce WHP measures (e.g. SAS. SQL etc.):*

8. Any other information specific to your organization that would be helpful in preparing the proposal.

9. Proposal due date:

Should you have any questions, please call 1.800.304.9235.