STRATEGIC | HEALTH SERVICES

Physical and Biometric Health Screening Form

SCREENING NAME

Larson-Juhl Health Screenings 2017

CRITERIA AND INSTRUCTIONS

The following testing criteria must be met for the Member to be eligible for the wellness program incentive.

1. The required fasting laboratory tests include: Lipid Panel, Fasting Glucose, HbA1c
2. The required biometrics include: Blood Pressure, Height, Weight, Waist
3. The blood sample must be drawn by **venipuncture**. Urine tests, mouth swabs, and fingersticks **will not be accepted**.
4. Blood results must be provided on this form and also supported by sending in the official laboratory report (a physician's letter will not suffice).
5. All of the information included on this form is required. Any missing information will prevent your results from being entered and will disqualify you from participating in the wellness program.
6. Do not provide a copy of this form to other employees.
7. Tests should be administered no earlier than: **04/01/2016** and no later than: **03/31/2017**
8. Screening results must be received by Strategic Health Services no later than: **04/01/2017**
9. Completed Manual Submission Health Screening Form **and** supporting official laboratory form faxed to 219-796-9081, emailed to **shssecure@strategichealthservices.com** or mailed in to:
   Strategic Health Services, ATTN: Customer Service, 6435 Shiloh Rd Suite A-1, Alpharetta, GA 30005

Section A | PATIENT INFORMATION (patient to complete)

Legal First Name:	Last Name:
Sex: / Last 4 SSN: XXX - XX - _____	DOB: (mm/dd/yyyy): _____ / _____ / _____
Phone:	Email:
Patient Signature:	

Section B | PHYSICIAN INFORMATION (physician / nurse to complete)

Physician & Practice / Facility Name:	
Address:	Phone#:
National Provider ID # or CLIA certification #:	Test Date: _____ / _____ / _____
Physician Signature:	By signing, I certify the physical and biometric testing was completed.

Section C | BIOMETRIC TEST RESULTS (physician to complete)

Blood Pressure

Systolic: (mmHg)	Diastolic: (mmHg)

Body Measurements

Height: (inches)	Weight: (lbs)	Waist: (inches)

Section D | PATIENT TO FILL IN. DO NOT SUBMIT UNLESS ALL FIELDS ARE COMPLETED.

Blood Testing Results

Total Cholesterol: (mg/dl)	LDL Cholesterol: (mg/dl)	HDL Cholesterol: (mg/dl)	Triglycerides: (mg/dl)	Glucose: (mg/dl)	HbA1c: (mg/dl)