

Provider Based Health Screen Information Form 2016

Methodist Health Care Providers will be assisting the Living Well Team with the Biometric Screenings in 2016 for St Jude Hospital Employees. In lue of a Biometric Screening employee's can choose to ask their health provider to perform an annual physical. Test values already collected, can also be used. For these tests to be valid, they **must be collected no earlier than July, 2015 and no later than June 3, 2016. This paperwork is to be completed by your medical provider's office and returned by the St Jude Employee to the secure fax line listed at the bottom of this form.**

Employee Information: (to be completed by the employee)

Prevention Group Identification: Company Name: <u>St. Jude Children's Research Hospital</u> Plan Year: <u>2016</u>				
First Name (please print)	Last Name		Middle Initial	Date of Birth
Address: Street	Apt #	City	State	Zip
Phone		Email		
Employee Signature				Date

Provider Information: (to be completed by the employee)

Provider/Clinic Name (Please print)		Phone	Fax
Office Address	City	State	Zip
Phone			

Health Data Collection: (to be completed by physician office)

This section of the form to be used to allow the provider to certify test results for employee to return to Prevention Group.

Test		Full Screen Result	Name of Lab Used: _____
Height/Weight/BMI	<input type="checkbox"/>	Height: ft _____ in _____ //Weight lbs _____// BMI _____	
Waist (inches)	<input type="checkbox"/>	Waist in. _____	
Lipids	<input type="checkbox"/>	Total Cholesterol _____//HDL _____//LDL _____// Triglycerides _____	
Fasting Blood Glucose/HgA1c	<input type="checkbox"/>	Glucose: _____/ HgA1c _____	
Blood Pressure	<input type="checkbox"/>	Systolic _____/Diastolic _____	
Nicotine (self reported)	<input type="checkbox"/>	Positive _____ or Negative _____ (please check one)	

Provider Signature: _____	Date _____
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How to Return the Form? (to be completed by employee)

Completed forms must be returned to the Prevention Group, Attn: Customer Care Department/ Randy Jones - By fax 901-516-1757
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