

PHYSICIAN SCREENING COLLECTION FORM - ABILENE CHRISTIAN UNIVERSITY

Fax completed form to: Viverae at (855) 292-8662 - Attention: DELIVERY TEAM

THIS FORM IS FOR PHYSICIAN OFFICES ONLY, NOT FOR DIRECT LAB USE

TO PARTICIPANT: If you are unable to participate in an onsite Biometric Screening, then you have the option to obtain your lab and screening tests from your health care provider to satisfy the biometric component of your wellness program requirements. Viverae must receive values for the applicable test parameters listed at the bottom of this page in order to complete your Biometric Screening. Please complete the following contact information and follow the directions provided below. All programs are confidential and HIPAA compliant. Any information shared with the Viverae team will not be disclosed except in accordance with HIPAA laws.

PARTICIPANT NAME: _____ PARTICIPANT EMPLOYER: _____

PARTICIPANT DATE OF BIRTH: _____ PARTICIPANT PHONE #: _____

****IMPORTANT NOTES****

- You may submit blood/screening tests completed by your health care provider between **11/12/2011** and **11/11/2012**
- This form must be completed and faxed to the Viverae Health Center **within 30 days of hire** to receive credit
- Results must be written on this form and your health care provider information must be completed below

TO PROVIDER: The health management program offered through Viverae is not intended to treat, diagnose or replace physician involvement, but rather to create and promote an atmosphere of healthy living and learning through the implementation of wellness initiatives. For more information, please call Viverae at **888-VIVERAE (848-3723)**.

PROVIDER NAME / CLINIC: _____ PHONE #: (____) _____

ADDRESS: _____ CITY: _____ STATE: _____

PROVIDER / CLINIC SIGNATURE: _____

LAB & SCREENING TESTS

TEST DATE: ____/____/____

TEST PARAMETER	VALUE	UNITS
Total Cholesterol		mg/dL
HDL Cholesterol		mg/dL
LDL Cholesterol		mg/dL
Triglycerides		mg/dL
Glucose		mg/dL
Systolic Blood Pressure (rest)		mmHg
Diastolic Blood Pressure (rest)		mmHg
Height		ft/in
Weight		lbs
Waist Circumference		in
FASTING: YES / NO		