

PERSONAL PHYSICIAN WELLNESS WORKSHEET

For use at your personal physician

Please use the following form if you prefer to visit your personal physician for your screening.

Participant Instructions:

- Schedule a visit with your Primary Care Physician.
- Complete the Participant Information section of this form.
- Take this form with you to your appointment and refer them to the instructions below.
- If your Physician does not complete the waist circumference section, please use the instructions below to complete it yourself.
- Once the form is complete and you receive a copy of your lab results, **fax this form and your lab results to Concentra at 1-877-267-2309.**
- To make sure your results have been received by Concentra please email wellnessprogram@concentra.com for confirmation verification.
- Note: If you have already had your screening, please complete this form and fax it to Concentra with a copy of your results. **Your screening results must be from January 1, 2011 - present to be valid.**

Physician/Nurse Instructions:

- Record the patient's height, weight, blood pressure, and waist circumference in the table below.
 - Waist circumference should be measured according to the following guidelines:
 - Raise shirt enough to expose the mid-section (front and back)
 - Position the tape mid-way between the top of the hip bone and the bottom of the rib cage
 - When taking the measurement, the abdomen should be relaxed & the patient should be exhaling
- Request blood screening with Lipid Panel and Glucose:
 - **Total Cholesterol, HDL Cholesterol, LDL Cholesterol, Triglycerides and Glucose**
- Ensure participant will receive a copy of lab results in a timely manner.
- Return this form to the patient.

Participant Information

Employer: IBEW

Patient Name: _____

Today's Date: _____

SSN: _____

D.O.B: ____ / ____ / ____
mm dd yyyy

Employee ID: _____

Status
<input type="checkbox"/> Employee
<input type="checkbox"/> Spouse

Gender
<input type="checkbox"/> Male
<input type="checkbox"/> Female

Fasting
<input type="checkbox"/> Yes
<input type="checkbox"/> No

Tobacco Use	
<input type="checkbox"/> None	<input type="checkbox"/> Cigarettes
<input type="checkbox"/> Cigars	<input type="checkbox"/> Smokeless Tobacco

Biometric Screening Results (Clinic Use Only)

Measurement	Value
Height	_____ ft. _____ in.
Weight (pounds)	
Waist Girth (inches)	
Blood Pressure (mmHg)	/
Total Cholesterol (mg/dL)	Attach lab results
HDL Cholesterol (mg/dL)	Attach lab results
Triglycerides (mg/dL)	Attach lab results
LDL Cholesterol (mg/dL)	Attach lab results
Glucose/ Blood Sugar (mg/dL)	Attach lab results

<p>Fax your Results to Concentra 1-877-267-2309</p>

PLEASE DO NOT FAX THIS FORM UNTIL YOU HAVE A COPY OF YOUR LAB RESULTS. ANY FORMS RECEIVED WITHOUT LAB RESULTS WILL BE CONSIDERED INCOMPLETE.