

Preventive Health Screening Form

We are committed to your wellbeing and are providing an incentive to encourage you to complete your annual preventative health screening(s). Preventive health screenings are invaluable opportunities to identify any health concerns and ensure optimal health.

Participating is easy:

1. Schedule a preventive health screening visit with your health care provider. If you need help finding a health care provider, call DirectPath at 877-548-7714.
2. Bring this form to your screening and ask your provider to complete the bottom section and email the form to DirectPath at advocate@directpathhealth.com and to DirectPath Fax at 414/271-1795.
3. To receive any wellness incentives, **this completed form must be received by August 31, 2019.**

| | | | |
|---|--|-------------------------------|---|
| PATIENT NAME (First) _____ (Last) _____ | | <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
| PATIENT E-MAIL _____ | | PATIENT PHONE NUMBER _____ | |
| LAST 4 DIGITS OF SOCIAL SECURITY NUMBER _____ | | DATE OF BIRTH _____ | <input type="checkbox"/> PRIMARY INSURED <input type="checkbox"/> SPOUSE |

THIS SECTION TO BE COMPLETED BY HEALTH CARE PROVIDER: We are providing incentives for employees completing activities that promote optimal health. We are asking for physician verification of completion of an annual medical exam and key biometric screening measures. Please provide verification that the following biometric screening measures have been completed, **populate the values below**, sign to attest completion and email the form to DirectPath at advocate@directpathhealth.com . We sincerely appreciate your help in driving health awareness.

| | | | |
|--|------------------------------|-----------------------------|-------|
| BLOOD PRESSURE | _____ | _____ | _____ |
| HEIGHT | _____ | _____ | _____ |
| WEIGHT | _____ | _____ | _____ |
| GLUCOSE | _____ | _____ | _____ |
| TRIGLYCERIDES | _____ | _____ | _____ |
| TOTAL CHOLESTEROL | _____ | _____ | _____ |
| LOW DENSITY LIPOPROTEIN (LDL) | _____ | _____ | _____ |
| HIGH DENSITY LIPOPROTEIN (HDL) | _____ | _____ | _____ |
| TOBACCO FREE (including e-cigarettes) for the past six (6) months | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| AGE & GENDER PREVENTIVE SCREENINGS UP TO DATE | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| VACCINATIONS UP TO DATE | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

| | |
|--|---------------------|
| Physician/Nurse/Technician Name (printed) | Phone Number |
| Physician/Nurse/Technician (signature) | Date |

Email the form to DirectPath at Advocate@directpathhealth.com