

# PHYSICIAN LAB FORM



## Biometric Screening: The Choice Is Yours!

Complete your biometrics through a SCHOOLCARE on-site screening OR use a **Viverae Physician Lab Form** and earn **\$100** each plan year.

### WHAT BIOMETRICS ARE NEEDED:

The following biometrics: *Height, Weight, Waist Circumference, Total cholesterol, Blood Pressure and Glucose* are used to determine your current health status. They can identify areas of your health and wellness that may require greater focus.

The *Viverae Physician Lab Form* must be used as it utilizes metrics specific to producing an accurate health score. If attending a SCHOOLCARE on-site screening the biometrics will be completed and submitted on your behalf.



### HOW TO COMPLETE THE PHYSICIAN LAB FORM:

Provide the Form to your doctors office and they will complete it using recent blood work. Having blood work done that day? Leave the form and your doctors office will complete it once results are in.

*Each doctors office maybe different, ask them the best way for you to have the form completed (maybe you can send it to them without having to go).*

- ✓ Submit the Form via fax, mail or your **Good For You!** account
- ✓ The Form will take up to 10 business days to be entered onto your **Good For You!** account
- ✓ Once completed, Viverae will send you a confirmation email and your 100 points will post

**PHYSICIAN SCREENING COLLECTION FORM: STANDARD**  
**THIS FORM IS FOR PHYSICIAN OFFICES ONLY; NOT FOR DIRECT LAB USE**

**DISCLAIMER:** Please use this form to obtain your lab and screening tests from your health care provider. Complete the following participant information and then provide to your Medical Professional to complete the following section. Viverae must receive values for the applicable lab parameters listed at the bottom of this page in order to complete your Biometric Screening. All participants are confidential and Viverae compliant, any information shared with the Viverae team will not be disclosed except in accordance with HIPAA laws.

Participant Name: \_\_\_\_\_ Administrator: SCHOOLCARE  
Participant Date of Birth: \_\_\_\_\_ Participant Phone #: \_\_\_\_\_  
Today's Date: \_\_\_\_\_

**TO LICENSED MEDICAL PROFESSIONALS:**  
The health management program offered through Viverae is not intended to treat, diagnose or replace physician treatment, but rather to create and promote an atmosphere of healthy living and screening through the implementation of medical education. For more information, please call Viverae at 888-833-5829 (888.VIVERAE).

**IMPORTANT NOTES:**

- \* This form cannot be used to complete your health care provider on or after 11/1/2014 through 4/30/2017.
- \* Licensed Medical Professionals, please initial here: \_\_\_\_\_ if you do not so consented performing these tests, after which you may submit blood screening tests completed by your Health Care provider on or after 11/1/2014.
- \* All results must be filed in on this form and your health care provider information must be completed below.
- \* This form must be completed and filed to the Viverae Health Center no later than 4/30/2017 to receive credit.

Licensed Medical Professional Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Licensure State: \_\_\_\_\_  
Licensure #: \_\_\_\_\_ Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ALL TESTS BELOW ARE REQUIRED:**

Lab Parameter/Unit	Value	Result
Total Cholesterol	mg/dL	
HDL Cholesterol	mg/dL	
LDL Cholesterol	mg/dL	
Triglycerides	mg/dL	
Glucose	mg/dL	
Systolic Blood Pressure (mm)	mmHg	
Diastolic Blood Pressure (mm)	mmHg	
Height	in	
Weight	lbs	
Waist Circumference	in	
Smoking	Yes/No	

**Use This Form Between:**  
**July 1, 2017 to June 30, 2018**

This lab cannot use tests in a one office visit:  
(1) are ordering to avoid repeat tests  
(2) are not using the correct units  
(3) are not using the address below  
Send to: 2800 26th Street, Suite 200, Denver, Colorado 80202  
Center Office, Suite 200, Denver, CO 80202

### WHERE TO FIND THE FORM ON CONNECT.VIVERAE.COM:

On your **Good For You!** account under the *Profile* tab

- Under the “**Profile**” tab, click the “**Resources**”, then “**Forms and Documents**”
- From the list you will see the **SCHOOLCARE Physician Lab Form 2016-17**
- Click on the Lab Form link to download and print



Please note: Cash incentives, payments and rewards paid to wellness program participants are taxable income. Please review with your tax consultant for more information.