PHYSICIAN SCREENING COLLECTION FORM: STANDARD

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

TO PARTICIPANT: 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 test parameters listed at the bottom of this page in order to complete your Biometric Screening. 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: _____ Administrator: SCHOOLCARE

Participant Date of Birth: _____/_____/ _____ Participant Phone #: _____

Today's Date: _____/_____/_____

TO LICENSED MEDICAL PROFESSIONAL:
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).

IMPORTANT NOTES

- You may submit blood/screening tests completed by your health care provider on or after 1/1/2016 through 6/30/2018. ***Licensed Medical Professional, please initial here _____if you do not recommend performing these tests, after which you may submit blood/screening tests completed by your health care provider on or after 1/1/2015.***
- All results must be filled in on this form and your health care provider information must be completed below.
- This form must be completed and faxed to the Viverae Health Center no later than 6/30/2018 to receive credit.

Licensed Medical Professional Name: _____ Phone #: _____

Address: _____City: _____State: _____

Licensed Medical Professional Signature: _____

License #: _____Test Date: _____ / _____ / _____

ALL FIELDS BELOW ARE REQUIRED

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		in
Weight		lbs
Waist Circumference		in
Fasting	Yes	No

Use this form between:
July 1, 2017 to June 30, 2018

You can submit your form in one of three ways:
(1) via uploading to connect.viverae.com,
(2) via fax using the number below
(3) via mail using the address below
Secure Fax: (855) 292-8662 Address: Attn: Screening Services Department, 10670 N. Central Expwy., Suite 250, Dallas, TX 75231