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Montgomery, AL 36124
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AUBURN UNIVERSITY
AT MONTGOMERY

WARHAWK HEALTH SERVICES

Attn: Auburn
To: Healthy Tigers
From: Amy Morris RW
Fax: 334-844 8262
Pages: 3
Phone:
Date: 11/23/20
Re: Joycelyn Bozeman
cc:
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

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Auburn University Healthy Tigers- Provider Screening Form

Instructions: If you can not or choose not to participate in the Healthy Tigers screenings through the AUPCC, you may submit your health screening results through your physician. You are to complete **Section 1** of the form and your provider is to complete **Section 2**

Certain lab tests associated with the Healthy Tigers Program when performed by your physician may only be covered once every 5 years by AUBCBS and you may be responsible for additional lab costs.

NAME (PLEASE PRINT) Joycelyn Bozeman EMPLOYEE ID/BANNER NUMBER: 902002730

AGE: 51 DATE OF BIRTH: 7-24-69 GENDER (CHECK ONE): MALE ☐ FEMALE ☒

SUBSCRIBER NAME (AS APPEARS ON AU BCBS INSURANCE CARD): Joycelyn Bozeman

AU BCBS CONTRACT NUMBER: QAUG22631310

DAYTIME OR CAMPUS PHONE NUMBER: 334 318 9775 E-MAIL ADDRESS: j.b.flowers@knology.net

PLEASE CHECK ONE: I am an AU employee covered by my own AU BCBS policy. ☒

I am an AU employee covered by another AU employee's AU BCBS policy. ☐

I am the spouse, or sponsored adult dependent, of an AU employee and am covered by their AU BCBS policy. ☐

What best describes your race/ethnicity?

- ☐ White ☒ Black/African American ☐ Asian ☐ Indian or Alaska Native
☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ Other

Do you HAVE (or have you been told you had) any of the following? (Mark all that apply.)

- ☒ High Cholesterol ☒ High Blood Pressure or Hypertension ☒ Diabetes

Do you take MEDICATION for any of the following? (Mark all that apply.) Optional: Please provide a list of all of your medications on the back of this form (including prescription, over the counter, vitamins, and minerals)

- ☒ High Cholesterol ☒ High Blood Pressure or Hypertension ☒ Diabetes

SECTION 2 (To Be Completed by Healthcare Provider)

REQUIRED DATA

Blood Pressure 114 / 104 mmHg

Height 5 ft 3 in

Total Cholesterol 153 mg/dL

Weight 144.7 pounds

Blood Glucose 108

BMI 29.43

Alarm values: Total Cholesterol ≥ 250

Blood glucose ≥ 200

Blood pressure- Systolic ≥ 160 mm Hg

Diastolic ≥ 100 mm Hg

BMI ≥ 35

OPTIONAL DATA

HDL Cholesterol _____ mg/dL

TC/HDL Ratio _____

The above mentioned member has been evaluated in my office and counseled regarding his/her risk factors. In particular, I have noted any values that were above alarm values and responded as clinically indicated.

DATE TESTS PERFORMED BY PHYSICIAN (THIS DATE IS REQUIRED) 11 / 20 / 2020

Provider's Name: (Please Print) Lindsey Barton CRNP

Provider Signature: Lindsey Barton, CRNP

Provider Address / Phone: _____

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER

IRMA B. MOORE HALL RM. 102

P.O. BOX 244023

MONTGOMERY, AL 36124-4023

Please return completed form to:
AUBURN UNIVERSITY PHARMACEUTICAL CARE CENTER (AUPCC)

Attention: Healthy Tigers Program

2155 Walker Building, HSOP, 362 West Thach Avenue

Auburn University, Alabama 36849-5506

PHONE: (334) 844-4099 FAX: (334) 844-8262 E-MAIL: aupcc4u@auburn.edu

For AUPCC use only: Banner ☐ EMR ☐

Joycelyn Bozeman

* Ferrous Sulfate
Iron 65 Mg

* Losartan Potassium
100 MG Tab

* Hydrochlorothiazide
25 MG Tab

* Atorvastatin
40 MG Tab

* Metformin HCL
500 MG Tab

Amy Morris

From: Amy Morris
Sent: Monday, November 23, 2020 8:34 AM
To: 'aupcc4u@auburn.edu'
Subject: FW: Health Services Scanner
Attachments: MX-M260_20201122_201641.pdf

-----Original Message-----

From: HealthServ@aum.edu <HealthServ@aum.edu>
Sent: Sunday, November 22, 2020 8:17 PM
To: Amy Morris <amorris2@aum.edu>
Subject: Health Services Scanner

Device Name: HealthServices Mx-m260
Device Model: SHARP MX-M260
Location: Nursing 1st Floor

File Format: PDF G4
Resolution: 300dpi

Attached file is scanned image in PDF format.

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