

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): Lisa Smith SUBSCRIBER BANNER NUMBER: S00386336

AGE: 54 DATE OF BIRTH: 09/29/1967 GENDER (CHECK ONE): ☐ MALE ☒ FEMALE

SUBSCRIBER NAME (AS APPEARS ON AU BCBS INSURANCE CARD): Lisa Brand Smith

AU BCBS CONTRACT NUMBER: QAU853002711

DAYTIME OR CAMPUS PHONE NUMBER: 706-585-0398 E-MAIL ADDRESS: lsmit127@aum.edu

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 129/80 mmHg Height 5 ft 3 in
Total Cholesterol 181 mg/dL Weight 190.9 pounds
Blood Glucose 90 BMI 35.81

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) 12/13/2021

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

Healthcare Provider Signature: [Signature]

Healthcare Provider Address / Phone: 1401 East Dr. Montgomery, AL 36117
(334) 244-3281

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) 844-4019 E-MAIL: healthytigers@auburn.edu

For AUPCC use only: Banner ☐ EMR ☐