

## 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): Gerry Smith SUBSCRIBER BANNER NUMBER: \_\_\_\_\_

AGE: 58 DATE OF BIRTH: 01/11/1943 GENDER (CHECK ONE): ☒ MALE ☐ FEMALE

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

AU BCBS CONTRACT NUMBER: 0AU853002711

DAYTIME OR CAMPUS PHONE NUMBER: 704-501-9420 E-MAIL ADDRESS: gerrysmith@auburn.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 132 / 73 mmHg

Height 5 ft 1 in

Total Cholesterol 208 mg/dL

Weight 270.4 pounds

Blood Glucose 101

BMI 30.40

Alarm values: Total Cholesterol  $\geq 250$

Blood glucose  $\geq 200$

Blood pressure - Systolic  $\geq 160$  mm Hg

Diastolic  $\geq 100$  mm Hg

BMI  $\geq 35$

#### 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) 10 / 07 / 2021

Healthcare Provider's Name: (Please Print) Angela Fair, CRNP

Healthcare Provider Signature: Dr. Fair CRNP

Healthcare Provider Address / Phone: 7461 East Dr. St 102 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 ☐