

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 R. Bozeman EMPLOYEE ID/BANNER NUMBER: 902002730

AGE: 50 DATE OF BIRTH: 7-24-69 GENDER (CHECK ONE): MALE ☐ FEMALE ☒

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

AU BCBS CONTRACT NUMBER: QAUB22631310

DAYTIME OR CAMPUS PHONE NUMBER: 334 318 9775 E-MAIL ADDRESS: _____

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 <u>123 / 70</u> mmHg	Height <u>5</u> ft <u>4</u> in
Total Cholesterol <u>151</u> mg/dL	Weight <u>146.2</u> pounds
Blood Glucose <u>94</u>	BMI <u>25</u>
Alarm values: Total Cholesterol ≥ 250 Blood glucose ≥ 200 Blood pressure- Systolic ≥ 160 mm Hg Diastolic ≥ 100 mm Hg BMI ≥ 35	
OPTIONAL DATA	
HDL Cholesterol <u>42</u> 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 / 18 / 19

Provider's Name: (Please Print) Carol Stewart, CRNP

Provider Signature: Carol Stewart, CRNP

Provider Address / Phone: Aum student Health 334324 8975

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

* Atorvastatin 40 MG Tablet

* Losartan HCTZ 100-25 MG Tab

* Metformin HCL 500 MG Tablet