



AUBURN

MONTGOMERY

Auburn University Student Health Services

TO: Healthy Tigers

COMPANY: Auburn

FAX NUMBER: 334 844 8262

PHONE NUMBER:

FROM: Amy

DATE: 11/29/18

TOTAL PAGES, INCLUDING COVER

SENDER'S REFERENCE NUMBER

RE: Jocelyn Bozeman

CC:

☐ URGENT

☒ FOR REVIEW

☐ PLEASE COMMENT

☐ PLEASE REPLY

NOTES/COMMENTS

Thank you

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P. O. Box 244023 Montgomery, AL 36124/ 334-244-3281 fax 334-244-3396

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: 49 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: 0AU822631310

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 126 / 77 mmHg

Height 5 ft 3" in

Total Cholesterol 146 mg/dL

Weight 143.8 pounds

Blood Glucose 107

BMI 25.47

Alarm values: Total Cholesterol ≥ 250

Blood glucose ≥ 200

Blood pressure- Systolic ≥ 160 mm Hg

Diastolic ≥ 100 mm Hg

BMI ≥ 35

OPTIONAL DATA

HDL Cholesterol 40 mg/dL

TC/HDL Ratio 3.7

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 / 26 / 18

Provider's Name: (Please Print) Melodye M Harvey

Provider Signature: M Harvey, MD

Provider Address / Phone: 7430 East Drive / 334-244-3281

Montgomery, AL 36117

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 ☐

J. Bozeman

* Lisartan - HCTZ
100-25 MG Tab

* Atorvastatin
40 MG Tab

* Metformin HCL
500 MG Tablet

* Iron
65 MG