

Public Education Employees'
Health Insurance Program
Screening Form /
HEALTHCARE PROVIDER



**GET SCREENED
FOR YOUR TEAM!**

Incomplete forms will not be processed.

ADPH Wellness Program
201 Monroe Street, Suite 986
Montgomery, AL 36104
Phone: 1-800-252-1818
Fax: 1-334-206-0385
1-334-206-0394

SECTION 1:

PRINT CLEARLY WITH A BLACK INK PEN.

DARKEN BOXES COMPLETELY.

☐ << Not This ☒ << This ☒ X << Not This

Contract Number:

EDU 010408789

SSN: (of person being screened)

385-78-9037

Male

Contract Holder

X Female

Spouse

Screen Date:

07-09-2015

Birth Date:

11-09-1971

Daytime Phone Number:

334-318-1134

Last Name:

Tyre

First Name:

Yulanda

Screening not performed due to:

Pregnancy

Disability

What best describes your race/ethnicity?

White

Asian

Hispanic / Latino

Other

☒ Black / African American

Native American /

Native Hawaiian / Pacific Islander

Alaska Native

Do you have (or have you been told you had) any of the following?

High Cholesterol

High Blood Pressure

Diabetes

Do you take any medication for any of the following?

High Cholesterol

High Blood Pressure

Diabetes

SECTION 2:

Blood Pressure: 131 / 81

Total Cholesterol: 227 mg/dl

HDL Cholesterol: 83 mg/dl

LDL Cholesterol: 133 mg/dl

Triglycerides 55 mg/dl

SEE PHYSICIAN INSTRUCTIONS ON REVERSE SIDE

Blood Glucose: 88 mg/dl

Height: 5 ft 7 in

Weight: 141 lbs

Waist: _____ in

Has the patient used a tobacco product in the last 12 months?

Yes

☒ No

CLAIMS FILING INSTRUCTIONS FOR COPAYMENT WAIVER: Under the Affordable Care Act, no copayment is required for one annual preventive routine office visit obtained through an in-network provider (not applicable if a diagnosis associated with the visit). File the claim for the member's office visit with BC/BS for PEEHIP Group #14000. Use the appropriate CPT code for the office visit in order to be reimbursed at 100% of the allowable fee. The patient will be responsible for any other applicable copays, such as lab tests. The copay waiver is not allowed at urgent care centers or emergency rooms. Please follow the normal billing procedures for subsequent visits.

Carol Stewart, CRNP

Physician / CRNP, PA Name (Please Print)

CRNP - FNP

Healthcare Provider Type (Please Print)

Carol Stewart, CRNP

Physician / CRNP, PA Signature

AUBURN UNIVERSITY MONTGOMERY

STUDENT HEALTH CENTER

IRMA B. MOORE HALL RM. 102

Healthcare Provider Address & Phone Number (Please Print)

P.O. BOX 244023

MONTGOMERY, AL 36124-4023



ADPH
Alabama Department of Public Health

Healthcare Provider:
please fax or mail to the
ADPH Wellness Program.

AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

REQUEST	RESULT	UNITS	NORMALS	TEST LOC
LIPID PANEL				BHAM.
TRIGLYCERIDE	55	mg/dL	<150 150-199 200-499 ≥500	NORMAL BORDERLINE HIGH VERY HIGH
CHOLESTEROL	227 H	mg/dL	<200 200-239 ≥240	DESIRABLE BORDERLINE HIGH
HDL	83	mg/dL	≥60	DESIRABLE
LDL CHOLESTEROL	133 H	mg/dL	OPTIMAL NEAR OPTIMAL BORDERLINE HIGH VERY HIGH	<100 100-129 130-159 160-189 ≥189
<i>VLDL</i>				
CHOLESTEROL/HDL RISK RATIO	2.7		VERY LOW RISK LOW RISK AVERAGE RISK MODERATE RISK HIGH RISK	3.3 3.8 4.5 7.0 11.0
GLUCOSE	88	mg/dL	70-105	BHAM

11 Verbal Confirmation

CONTINUED....

TYRE, YULANDA

Page: 1

2732 7th Avenue South
Birmingham, AL 35233
Tel: (205)-313-1240
FAX: (205)-313-1250



SOLSTAS[®]
LAB PARTNERS



Quest
Diagnostics

AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

Patient Name

TYRE, YULANDA

Sex/Species:

Date of Birth:

Age:

FEMALE

11/09/1971

43

Patient Phone:

Patient ID #:

Med. Rec. #:

2773651

TYREYULANDA190

Requesting Physician:

FUENTES, MARYLUZ

Accession:

F130292

Registration:

07/09/2015 10:25

Collection:

07/10/2015 02:26

REQUEST

RESULT

UNITS

NORMALS

TEST LOC

ABNORMAL SUMMARY

LIPID PANEL

CHOLESTEROL

227

H

mg/dL

<200

DESIRABLE

200-239

BORDERLINE

>240

HIGH

LDL CHOLESTEROL

155

H

mg/dL

OPTIMAL

<100

NEAR OPTIMAL 100-129

BORDERLINE 130-159

HIGH 160-189

VERY HIGH ≥189

PLEASE NOTE: The abnormal summary is supplied as a tool for identifying abnormal results. All results must still be reviewed as some abnormal results will not be included due to their interpretative or textual nature.

Comments: Fasting Specimen

FINAL REPORT

Testing Locations:

BHAM SOUTHERN DIAGNOSTIC LABORATORIES - 2732 7TH AVENUE SOUTH BIRMINGHAM, AL 35233 205-313-1240

Medical Director: LOUIS E. BUETTNER, M.D. CLIA #: 01D1015388

TYRE, YULANDA

Page. 2 (last)

AUM NURSING CARE CENTER

URINE DIPSTICK RESULTS

NAME Yulanda Tyre DATE ~~11/9/11~~ 7/9/15

BIRTHDATE 11/9/71 LMP _____

Specific Gravity	1.000	1.005	1.010	1.015	1.020	1.025	1.030
pH	5	6	7	8	9		
Leukocytes	Neg.	Trace	+1	+2			
Nitrite	Neg.	Pos.					
Protein	Neg.	Trace	+1(30)	+2(100)	+3(500)	(mg/dl)	
Glucose	Normal	50	100	250	500	1000	(mg/dl)
Ketones	Neg.	+1(sml)	+2(mod)	+3(lg)			
Urobilinogen	Normal	1	4	8	12	(mg/dl)	
Bilirubin	Neg.	+1	+2	+3			
Blood	Neg.	5-10	50	250	ery/l		

Staff Signature 

AUM NURSING CARE CENTER

URINE DIPSTICK RESULTS

NAME Yolanda Tyre DATE 10/5/11

BIRTHDATE _____ LMP _____

Specific Gravity	1.000	1.005	1.010	1.015	1.020	1.025	1.030
pH	5	6	7	8	9		
Leukocytes	Neg.	Trace	+1	+2			
Nitrite	Neg.	Pos.					
Protein	Neg.	Trace	+1(30)	+2(100)	+3(500)	(mg/dl)	
Glucose	Normal	50	100	250	500	1000	(mg/dl)
Ketones	Neg.	+1(sml)	+2(mod)	+3(lg)			
Urobilinogen	Normal	1	4	8	12	(mg/dl)	
Bilirubin	Neg.	+1	+2	+3			
Blood	Neg.	5-10	50	250	ery/l		

Staff Signature _____

Prepared by AUM-NCC
Adopted/Revised 12/06



AUBURN
MONTGOMERY

Auburn Montgomery Nursing Care Center
F A C S I M I L E

TO:

FROM:

Medical Records

Aum Ncc

COMPANY:

DATE:

Dr. William Abernathy's Office

8/4/10 @ 4:23

FAX NUMBER:

TOTAL NO. PAGES, INCLUDING COVER:

334-612-0394

2

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

334-612-0391

RE:

CC:

Yulanda Tyre

☐ URGENT

☒ FOR REVIEW

☐ PLEASE COMMENT

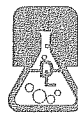
☐ PLEASE REPLY

☐ PLEASE RECYCLE

NOTES/COMMENTS:

DOCTORS LABORATORY, INC.

2906 JULIA DRIVE
VALDOSTA, GEORGIA 31602
PHONE (800) 342-7552



Medicare No. 65016769LA
LP No. 28485-01
CLIA No. 11D0646134

PATIENT TYRE, YOLANDA
PHYSICIAN FUENTES
AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

COLLECTED 08/02/2010 2:00 PM	RECEIVED 08/02/2010 5:43 PM	REPORT DATE 08/03/2010 6:00 AM
ROOM #	ACCOUNT NUMBER 436099	ORDER NUMBER K7127960
AGE 38 11/09/1971	SEX F	FASTING UNKNOWN
PT ID#:		ROUTE 9501
REQ#:		PAGE 1

Pt Ph:

MRN:

TEST NAME	WITHIN RANGE	OUTSIDE RANGE	REFERENCE RANGE	UNITS
CBC WITH AUTO DIFF				
WBC	4.00		4.0-11.7	THOU/CUMM
RBC		3.17 (L)	4.2-5.4	MILL/CUMM
HEMOGLOBIN		8.1 (L)	12.5-16.0	GMS
HGB CHECKED				
HEMATOCRIT		24.5 (L)	37.0-47.0	%
MCV		77.2 (L)	78-99	FL
MCH		25.5 (L)	27-31	PG
MCHC	33.1		32.0-36.0	G/DL
RDW		18.8 (H)	11.5-14.0	%
PLATELET COUNT	416		140-440	THOU/CUMM
NEUTROPHILS	56.5		40-75	%
LYMPHOCYTES	34.4		15-45	%
MONOCYTES	8.2		4.0-12.0	%
EOSINOPHILS	0.8		0-6	%
BASOPHILS	0.1		0-2	%

CMS NOTIFICATION:

CBC ORDERS MUST SPECIFY WITH OR WITHOUT DIFFERENTIAL.

IF NOT SPECIFIED, WE MUST CONTACT YOU FOR CLARIFICATION.

IF UNABLE TO OBTAIN CLARIFICATION, TEST WITHOUT DIFF WILL BE PERFORMED.

*** FINAL REPORT ***

EXCEPT WHERE NOTED: TEST PERFORMED AT DOCTORS LABORATORY, VALDOSTA, GA
DIRECTOR: Bo Hong, M.D., PhD, FCAP

AUM NURSING CARE CENTER

URINE DIPSTICK RESULTS

NAME Yolanda Tyre DATE 3/30/09

BIRTHDATE _____ LMP 3/1/09

Specific Gravity	1.000	1.005	1.010	1.015	1.020	1.025	1.030
pH	5	6	7	8	9		
Leukocytes	Neg.	Trace	+1	+2			
Nitrite	Neg.	Pos.					
Protein	Neg.	Trace	+1(30)	+2(100)	+3(500)	(mg/dl)	
Glucose	Normal	50	100	250	500	1000	(mg/dl)
Ketones	Neg.	+1(sml)	+2(mod)	+3(lg)			
Urobilinogen	Normal	1	4	8	12	(mg/dl)	
Bilirubin	Neg.	+1	+2	+3			
Blood	Neg.	5-10	50	250	ery/l		

Staff Signature [Signature]