

* * * Communication Result Report (Aug. 25. 2023 9:37AM) * * *

1) AUM Warhawk Health Svcs.
2)

Date/Time: Aug. 25. 2023 9:36AM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
5035 Memory TX	913348444019	P. 1	OK	

Reason for error
 mm. 1) Hang up or line fail
 mm. 3) No answer
 mm. 5) Exceeded max. E-mail size

E. 2) Busy
 E. 4) No facsimile connection
 E. 6) Destination does not support IP-Fax

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): Angela Russell SUBSCRIBER BANNER NUMBER: 902141410
 AGE: 34 DATE OF BIRTH: 7/13/89 GENDER (CHECK ONE): ☐ MALE ☒ FEMALE
 SUBSCRIBER NAME (AS APPEARS ON AU BCBS INSURANCE CARD): Angela Rose Russell
 AU BCBS CONTRACT NUMBER: QAUG26003329
 DAYTIME OR CAMPUS PHONE NUMBER: 334-546-2144 E-MAIL ADDRESS: arussel17@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 <u>119</u> / <u>78</u> mmHg	Height <u>5</u> ft <u>5</u> in
Total Cholesterol <u>140</u> mg/dL	Weight <u>127</u> pounds
Blood Glucose <u>97</u>	BMI <u>20.9</u>
Alarm values: Total Cholesterol ≥ 250	OPTIONAL DATA
Blood glucose ≥ 200	
Blood pressure - Systolic ≥ 160 mm Hg	
Diastolic ≥ 100 mm Hg	
BMI ≥ 35	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) 8/24/23

Healthcare Provider's Name: (Please Print) Robin Blackwell CRNP

Healthcare Provider Signature: Robin Blackwell CRNP

Healthcare Provider Address / Phone: 7461 East Dr. Suite 102

Montgomery, AL 36117

Please return completed form to:

AUBURN UNIVERSITY PHARMACEUTICAL CARE CENTER (AUPCC)

Attention: Healthy Tigers Program

2155 Walker Building, HSOP, 362 West Tach 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 ☐

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AU BCBS CONTRACT NUMBER: QAU826003329
DAYTIME OR CAMPUS PHONE NUMBER: 334-546-2146 E-MAIL ADDRESS: arussel17@alum.edu

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☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ Other

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- ☐ High Cholesterol ☐ High Blood Pressure or Hypertension ☐ Diabetes

SECTION 2 (To Be Completed by Healthcare Provider)

REQUIRED DATA

Blood Pressure 115 / 78 mmHg Height 5 ft 5 in
Total Cholesterol 140 mg/dL Weight 127 pounds
Blood Glucose 97 BMI 20.9

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.

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