

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: QAU826003329
DAYTIME OR CAMPUS PHONE NUMBER: 334-546-2146 E-MAIL ADDRESS: arussel17@au.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 119 / 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.

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 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 ☐

Cholestech LDX v3.42
24 Aug 2023 9:22 A.M.
SAMPLE=Whole B.

Angela Russell
Name/ID

TC=140	mg/dL
HDL=36	mg/dL
TRG=123	mg/dL
LDL=79	mg/dL
non-HDL=104	mg/dL
TC/HDL=3.9	
GLU=97	mg/dL
