

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): Breithman, Maria SUBSCRIBER BANNER NUMBER: _____

AGE: 37 DATE OF BIRTH: 12-01-83 GENDER (CHECK ONE): ☐ MALE ☒ FEMALE

SUBSCRIBER NAME (AS APPEARS ON AU BCBS INSURANCE CARD): Bagley, Justin

AU BCBS CONTRACT NUMBER: EDU876502115

DAYTIME OR CAMPUS PHONE NUMBER: _____ E-MAIL ADDRESS: mbreitma@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 100 / 55 mmHg

Height 5 ft 7 in

Total Cholesterol 148 mg/dL

Weight 198.8 pounds

Blood Glucose 85

BMI 31.13

Alarm values: Total Cholesterol ≥ 250

Blood glucose ≥ 200

Blood pressure - Systolic ≥ 160 mm Hg

Diastolic ≥ 100 mm Hg

BMI ≥ 35

OPTIONAL DATA

HDL Cholesterol 44 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) 10 / 28 / 2021

Healthcare Provider's Name: (Please Print) MARANDA FAIR

Healthcare Provider Signature: M. Fair CRNP

Healthcare Provider Address / Phone: 7461 East Dr. Suite 102 334-244-3281

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 ☐