

* * * Communication Result Report (Jan. 23. 2024 5:35PM) * * *

1) AUM Warhawk Health Svcs.
2)

Date/Time: Jan. 23. 2024 5:33PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
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**AUBURN UNIVERSITY
AT MONTGOMERY**

WARHAWK HEALTH SERVICES

Attn: HEALTHY TIGERS

To: _____ **From:** WHS

Fax: 334-844-4019 **Pages:** 2

Phone: _____ **Date:** 1/23/24

Re: provider screening form

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle
With appointment details

Comments:

Important: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability Act (HIPPA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.

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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): Portia Bronson SUBSCRIBER BANNER NUMBER: _____

AGE: 40 DATE OF BIRTH: 6/10/1983 GENDER (CHECK ONE): ☐ MALE ☒ FEMALE

SUBSCRIBER NAME (AS APPEARS ON AU BCBS INSURANCE CARD): Darryl J Bronson

AU BCBS CONTRACT NUMBER: QA4807697835

DAYTIME OR CAMPUS PHONE NUMBER: 58-250-8070 E-MAIL ADDRESS: portiaisbeautiful@gmail.com

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 123 / 72 mmHg Height 5 ft 5 in
Total Cholesterol 98 mg/dL Weight 321.4 pounds
Blood Glucose 115 BMI 53.51

Alarm values: Total Cholesterol ≥ 250
Blood glucose ≥ 200
Blood pressure - Systolic ≥ 160 mm Hg
Diastolic ≥ 100 mm Hg
BMI ≥ 35

OPTIONAL DATA

HDL Cholesterol 39 mg/dL
TC/HDL Ratio 2.8

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) 1 / 22 / 24

Healthcare Provider's Name: (Please Print) Lindsey Barton, CRNP

Healthcare Provider Signature: [Signature]

Healthcare Provider Address / Phone: 7411 East Dr. Suite 102 Montgomery, AL 36117
(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 ☐