

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): Nicholas Wessinger SUBSCRIBER BANNER NUMBER: 9

AGE: 24 DATE OF BIRTH: 04-12-93 GENDER (CHECK ONE): ☒ MALE ☐ FEMALE

SUBSCRIBER NAME (AS APPEARS ON AU BCBS INSURANCE CARD): Gabriella D Wessinger

AU BCBS CONTRACT NUMBER: GAU 830019890

DAYTIME OR CAMPUS PHONE NUMBER: _____ E-MAIL ADDRESS: _____

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>149</u> / <u>93</u> mmHg	Height <u>5</u> ft <u>10</u> in
Total Cholesterol <u>180</u> mg/dL	Weight <u>191.6</u> pounds
Blood Glucose <u>114 mm fasting</u>	BMI <u>27.49</u>
Alarm values: Total Cholesterol ≥ 250 Blood glucose ≥ 200 Blood pressure - Systolic ≥ 160 mm Hg Diastolic ≥ 100 mm Hg BMI ≥ 35	
OPTIONAL DATA	
HDL Cholesterol	<u>58</u> mg/dL
TC/HDL Ratio	<u>3.2</u>

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) 6.7.22

Healthcare Provider's Name: (Please Print) Maranda Fain

Healthcare Provider Signature: M. Fain CRNP

Healthcare Provider Address / Phone: 7461 East Dr. Montgomery AL 36117
Suite 102

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 ☐