

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): Cynthia Baker SUBSCRIBER BANNER NUMBER: 904088254

AGE: 58 DATE OF BIRTH: 1-4-65 GENDER (CHECK ONE): ☐ MALE ☒ FEMALE

SUBSCRIBER NAME (AS APPEARS ON AU BCBS INSURANCE CARD): Cynthia S. Baker

AU BCBS CONTRACT NUMBER: BAU860640043

DAYTIME OR CAMPUS PHONE NUMBER: 256-880-2537 E-MAIL ADDRESS: Cynthiasbaker@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 147 / 87 mmHg

Height 5 ft 6 in

Total Cholesterol 216 mg/dL

Weight 290 pounds

Blood Glucose 82

BMI 46.8

Alarm values: Total Cholesterol ≥ 250

Blood glucose ≥ 200

Blood pressure - Systolic ≥ 160 mm Hg

Diastolic ≥ 100 mm Hg

BMI ≥ 35

OPTIONAL DATA

HDL Cholesterol 41 mg/dL

TC/HDL Ratio 3.9

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) 01 / 20 / 2023

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

Healthcare Provider Signature: [Signature]

Healthcare Provider Address / Phone: 7401 East Dr. 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 ☐