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**AUBURN UNIVERSITY
AT MONTGOMERY**

WARHAWK HEALTH SERVICES

Attn: Healthy Tigers Program

To: AUPCC From: Daedra

Fax: _____ Pages: 2

Phone: _____ Date: 3/25/25

Re: Healthy Tigers Screening Form

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

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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): Holly Marie Smith SUBSCRIBER BANNER NUMBER: 903987789
AGE: 43 DATE OF BIRTH: 03/21/81 SEX: (CHECK ONE): ☐ MALE ☒ FEMALE
SUBSCRIBER NAME (AS APPEARS ON AU BCBS INSURANCE CARD): Derrick W. Smith
AU BCBS CONTRACT NUMBER: QAU819690031 GROUP NUMBER: 37655
DAYTIME OR CAMPUS PHONE NUMBER: 256 -322 - 7555 E-MAIL ADDRESS: dsmit148@aum.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 124 / 84 mmHg

Height 5 ft 6 in

Total Cholesterol 243 mg/dL

Weight 191.6 pounds

Blood Glucose 126

BMI 30.92

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) 03 / 13 / 2029

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

Healthcare Provider Signature: [Signature]

Healthcare Provider Address / Phone: 7400 East Dr. Suite 102 (334) 244-3281

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 ☐