

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): hilly Smith SUBSCRIBER BANNER NUMBER: 903987789

AGE: 43 DATE OF BIRTH: 3/21/81 GENDER (CHECK ONE): ☐ MALE ☒ FEMALE

SUBSCRIBER NAME (AS APPEARS ON AU BCBS INSURANCE CARD): Derrick W. Smith

AU BCBS CONTRACT NUMBER: QAU 819690031

DAYTIME OR CAMPUS PHONE NUMBER: 256-322-7556 E-MAIL ADDRESS: hmsmith22@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 borderline ☐ 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 / 89 mmHg

Height 5 ft 6 in

Total Cholesterol 257 mg/dL

Weight 180.9 pounds

Blood Glucose 107

BMI 30.1

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

OPTIONAL DATA

HDL Cholesterol 52 mg/dL

TC/HDL Ratio 4.9

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) 04 / 05 / 2024

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

Healthcare Provider Signature: L. Barton, CRNP

Healthcare Provider Address / Phone: 7401 East Dr. Suite 102, Montgomery, AL 36117
(334) 284-3281

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 ☐