

* * * Communication Result Report (Jul.30. 2024 2:09PM) * * *

1) AUM Warhawk Health Svcs.
2)

Date/Time: Jul.30. 2024 2:06PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
7958 Memory TX	Healthy Tigers	P. 2	OK	

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WARHAWK HEALTH SERVICES

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To: Healthy Tigers From: WHS

Fax: _____ Pages: 2

Phone: _____ Date: 7/30/24

Re: _____

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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): Barbara Rey SUBSCRIBER BANNER NUMBER: B904311281

AGE: 65 DATE OF BIRTH: 8-27-58 GENDER (CHECK ONE): ☐ MALE ☒ FEMALE

SUBSCRIBER NAME (AS APPEARS ON AU BCBS INSURANCE CARD): Barbara Rey

AU BCBS CONTRACT NUMBER: QAU889301781

DAYTIME OR CAMPUS PHONE NUMBER: 251-337-1913 E-MAIL ADDRESS: brey@auburn.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 139 / 82 mmHg

Height 5 ft 2 in

Total Cholesterol 195 mg/dL

Weight 150.9 pounds

Blood Glucose 77

BMI 27.59

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) 7/26/24

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

Healthcare Provider Signature: L. Barton, CRNP

Healthcare Provider Address / Phone: 7461 EAST DR. Suite 102 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 ☐