

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): Michael F. Roy SUBSCRIBER BANNER NUMBER: 904311281

AGE: 78 DATE OF BIRTH: 4/23/1946 GENDER (CHECK ONE): ☒ MALE ☐ FEMALE

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

AU BCBS CONTRACT NUMBER: QA0889301781

DAYTIME OR CAMPUS PHONE NUMBER: 251-327-7974 E-MAIL ADDRESS: mike.roy3669561c@auct.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 124 / 66 mmHg

Total Cholesterol 173 mg/dL

Blood Glucose 96

Height 5 ft 8 in

Weight 173.8 pounds

BMI 26.42

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: [Signature]

Healthcare Provider Address / Phone: 1461 East Dr. Ste 102 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 ☐