

PHYSICIAN SCREENING COLLECTION FORM: PREGNANT MEMBER

THIS FORM IS FOR PHYSICIAN OFFICES ONLY, NOT FOR DIRECT LAB USE

TO PARTICIPATING PREGNANT MEMBER: Please use this form if you are currently pregnant or had a baby within the last 12 weeks to satisfy the biometric component of your wellness program requirements. Viverae must receive values for the applicable test parameters listed at the bottom of this page in order to complete your Biometric Screening. Please complete the following contact information and follow the directions provided below. All programs are confidential and HIPAA compliant. Any information shared with the Viverae team will not be disclosed except in accordance with HIPAA laws.

ALL FIELDS BELOW ARE REQUIRED.

Participant Name: _____ Participant Employer: University of Redlands

Participant Date of Birth: ____ / ____ / ____ Participant Phone #: _____

Today's Date: ____ / ____ / ____

****IMPORTANT NOTES****

- You may submit blood/screening tests completed by your health care provider within the last 12 months.
- Results must be written on this form and your health care provider information must be completed below.
- Current Employees and New Hires: This form must be completed and faxed to the Viverae Health Center no later than 5/31/2017 to receive credit.

TO LICENSED MEDICAL PROFESSIONAL: The health management program offered through Viverae is not intended to treat, diagnose or replace physician involvement, but rather to create and promote an atmosphere of healthy living and learning through the implementation of wellness initiatives. For more information, please call Viverae at 888-VIVERAE (848-3723). **ALL FIELDS BELOW ARE REQUIRED.**

Licensed Medical Professional Name: _____ Phone #: _____

Address: _____ City: _____ State: _____

Licensed Medical Professional Signature: _____

License #: _____ Test Date: ____ / ____ / ____

Test Parameter	Value	Units
Total Cholesterol		mg/dL
HDL Cholesterol		mg/dL
LDL Cholesterol		mg/dL
Triglycerides		mg/dL
Glucose		mg/dL
Systolic Blood Pressure (rest)		mmHg
Diastolic Blood Pressure (rest)		mmHg
Height		in
Weight		lbs
Waist Circumference		in
Fasting	Yes	No



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You can submit your form in one of three ways: (1) upload from the Resources page on www.Redlands.edu/HealthyU (2) via fax using the number below, (3) via mail using the address below.

Secure Fax: (855) 292-8662

Address: Attn: Screening Services Department, 10670 N. Central Expwy., Suite 250, Dallas, TX 75231