Indiana University Health

CONFIDENTIAL BIOMETRIC REPORTING FORM

Employer: MSD of Wayne Township

The patient's physician must fax this completed form to IU Health by March 17th, 2014.

Fax: 317.536.4006

Please have your provider complete this form to report the values of your biometric screening (blood pressure, height, weight, BMI, Total Cholesterol, HDL cholesterol, LDL cholesterol, TC/HDL ratio, triglycerides, fasting glucose, TSH and A1c). Please have your provider indicate if you have received a Complete Blood Count (CBC) and Comprehensive Metabolic Panel (CMP).
NOTE: The values submitted on this form must be from a screening completed within the last 90 days.

MEMBER COMPLETE THIS SECTION ONLY

Last Name (Printed):	First Name (Printed):	Middle Initial:	Date of Birth (mm/dd/yyyy):	Gender: ☐ Male ☐ Female
Address:		City, State:		Zip:
Email (for confirmation of receipt):			Home Phone:	Cell Phone:

Pregnant or Post Partum (up to one year)	
☐ Pregnant ☐ Post Partum	Delivery Date:

By signing below, I give my provider listed below permission to fax this form to IU Health at 317.536.4006.

Member Signature: _____ **Date:** ____/____/____

Authorization

Agents and/or employees of IU Health MAY contact me regarding my screening results. I understand that providing this authorization does not establish a physician-patient relationship.

Signature: _____ **Date:** ____/____/____

Best phone number to reach me: _____ **Best time to reach me:** _____

THIS SECTION TO BE COMPLETED BY SCREENING PERSONNEL AND/OR PHYSICIAN

Date of Testing: ____/____/____

Height	Weight	BMI	Waist Circumference	Blood Pressure
Fasting Glucose	A1c	LDL Cholesterol	HDL Cholesterol	Total Cholesterol
Triglycerides	TC/HDL Ratio	Thyroid–Stimulating Hormone (TSH)	Comprehensive Metabolic Panel Completed ☐ Yes ☐ No	Complete Blood Count Completed ☐ Yes ☐ No

Provider's Signature: _____ **Date:** ____/____/____

Provider's Name (Printed): _____ **Phone:** _____

FOR OFFICE USE ONLY

Date Fax Received: ____/____/____ Date Entered: ____/____/____ Initial Screening: ____/____/____