St. Jude Living Well Health Care Provider Form

If you are unable to participate in the St. Jude sponsored onsite health screenings, you may also submit screening results collected by your health care provider within the last 6 months (June 2013-November 2013). Give this form to your health care provider and ask that it be completed and then faxed to StayWell by November 15th, 2013. The fax number is provided at the bottom of the form.

Last Name:			
First Name:] Male	e: Female:
Date of Birth: (MM) = (DD) =		Employee ID:	
Provider form, including, but not limited to information") to provide health management related and health education programs offer ansitioned to another service provider, Starservices for me. In order to distribute any incorovide my name, employee ID, date of bir incentive. In addition to any Personal Information discore made available to St. Jude for program Personal Information as part of group static Wellness Assessment results by StayWell policy/terms of use, my Personal Information certify that the information supplied on this contact my health care provider listed on this	o, my name, my t services to me, we red by StayWell yWell may deliver neentives to me a arth to St. Jude or losed as set forth reporting purpose stical research are will not be disclosed form has been pression with questical research are significant to the second second with questical research are will not be disclosed form with questical research are second secon	employee ID, my which includes using or by another serving Personal Information of the provide profits designated representations. StayWell and other analysis. I also ese types of uses sed by StayWell. Ovided to me by my ons regarding my information of the provided to me by my ons regarding my information of the provided to me by my ons regarding my information or the provided to me by my ons regarding my information or the provided to me by my ons regarding my information.	Illy identifiable information obtained on this Health Care date of birth, and my screening results (my "Personal of the Personal Information to inform me of relevant health ce contractor. In the event that StayWell's services are nation to the successor provider to maintain a continuity of orgram participation information to St. Jude, StayWell may essentative to notify them of whether I am eligible for the results, without any identifiable Personal Information, may her contracted data analysis companies may also use my understand that my information may be entered into my and the uses specified in my StayWell Online privacy health care provider, and I understand that StayWell may formation. That I authorize StayWell to process my information
Participant Signature:			Date:
-			Date:
-	Patient Results		
Completed by Provider:	Patient Results Feet	Inches	Date of Exam:
Completed by Provider: Screening Exam			Date of Exam:
Screening Exam Height – feet & inches			Date of Exam:
Screening Exam Height – feet & inches Weight – pounds			Date of Exam: Desirable Range
Screening Exam Height – feet & inches Weight – pounds Waist Measurement – inches			Date of Exam: Desirable Range Men <40 inches; Women <35 inches
Screening Exam Height – feet & inches Weight – pounds Waist Measurement – inches Blood Pressure			Date of Exam: Desirable Range Men <40 inches; Women <35 inches Under 120/80 mm Hg
Height – feet & inches Weight – pounds Waist Measurement – inches Blood Pressure Total Cholesterol			Date of Exam: Desirable Range Men <40 inches; Women <35 inches Under 120/80 mm Hg Less than 200 mg/dL
Screening Exam Height – feet & inches Weight – pounds Waist Measurement – inches Blood Pressure Total Cholesterol HDL Cholesterol			Date of Exam: Desirable Range Men <40 inches; Women <35 inches Under 120/80 mm Hg Less than 200 mg/dL Greater than 40 mg/dL
Screening Exam Height – feet & inches Weight – pounds Waist Measurement – inches Blood Pressure Total Cholesterol HDL Cholesterol Glucose Fasting Status	Feet ☐ Fasting	Inches I Non-fasting	Date of Exam: Desirable Range Men <40 inches; Women <35 inches Under 120/80 mm Hg Less than 200 mg/dL Greater than 40 mg/dL Less than or equal to 140 mg/dL (non-fasting) Less than or equal to 100 mg/dL (fasting)
Screening Exam Height – feet & inches Weight – pounds Waist Measurement – inches Blood Pressure Total Cholesterol HDL Cholesterol Glucose	Feet	Inches I Non-fasting	Date of Exam: Desirable Range Men <40 inches; Women <35 inches Under 120/80 mm Hg Less than 200 mg/dL Greater than 40 mg/dL Less than or equal to 140 mg/dL (non-fasting) Less than or equal to 100 mg/dL (fasting) Phone:





Attn: Screening Team Please do not use a fax cover page PO Box 21427

St. Paul, MN 55121 *Allow 14 business days for processing