



**Worksite Wellness
SCREENING REGISTRATION and CONSENT**

Name:	<input type="checkbox"/> M <input type="checkbox"/> F	Date:
Address:	Zip Code	Date of Birth:
Telephone:	Name of primary care physician:	
Email:	If none, would you like a referral? <input type="checkbox"/> Y <input type="checkbox"/> N	
Insurance provider:		

I consent to the screenings listed on this page and to the collection of screening results by Presence Health. The wellness screening includes taking body measurements, vital signs, and a "finger stick" to obtain a blood sample to measure glucose, etc. I understand that my participation in the wellness screening is voluntary and that the screening results are considered preliminary and do not constitute a diagnosis of any particular disease or condition. I understand that I will be given the results of the screening and that it is my responsibility to follow up with my health care provider regarding any treatment options. I understand that my results will be kept confidential. I acknowledge that I was provided information about Presence Health's privacy practices.

Signature of patient, or, if patient is a minor, signature of parent/guardian

Witness

Last 4 digits of SSN

- Do you use tobacco of any form?
 Yes No Use E-cigarette
- In the average week, how many times do you engage in physical activity?
 None 1-2 times per week 3 or more per week
- If you engage in physical activity, for how long?
 Do not engage 20 minutes 40 minutes
- How often do you feel tense, anxious, or depressed?
 Rarely or Never Sometimes Often
- Do you have a primary physician?
 Yes No

<input type="checkbox"/> Fasting <input type="checkbox"/> Non-Fasting		
Test	Results	Desirable Levels (Source-American Heart Association, Mayo Clinic)
Height		
Weight		
Waist Circumference		Ideal Range for Women - < 35 inches; Ideal Range for Men - < 40 inches
Body Mass Index		Less than 25 - Normal 25-29 - Overweight 30 or more - Obese
Blood Pressure		Less than 120/80 - Normal 120-139/80-89 - Pre-hypertension Over 140/90 - High Blood Pressure
Total Cholesterol		Less than 200 More than 240 - High
Total Cholesterol Ratio		Less than 3.5 - Optimal
HDL		More than 60 - Optimal More than 40 - Moderate
LDL		Less than 100 - Optimal primary prevention Less than 70 - Optimal for history of diagnosed cardiovascular disease
Triglycerides		Less than 150 - Optimal 151-199 - Borderline High
Glucose		Less than 100 - Normal 101-125 - Pre Diabetes
A1C		4.0 - 6.5% - Optimal

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| <input type="checkbox"/> PCP referral | <input type="checkbox"/> Results require medical referral |
| <input type="checkbox"/> Make minor lifestyle changes | <input type="checkbox"/> Results require immediate medical attention |
| <input type="checkbox"/> Identification of 1 or more results out of the normal range | |

Clinician's comments: