

Pottawattamie County Physician Results Form

Deadline is October 31, 2020

Participant Information

Participant name:			
<input type="checkbox"/> Employee	<input type="checkbox"/> Spouse	Participant date of birth:	/ /
Participant email address: (to confirm receipt of information)			
Participant phone number:	()		

Physician Information

Physician name:			
Physician phone number:	()	Date of assessment:	/ /

IMPORTANT INFORMATION FOR PHYSICIAN

- ❖ The purpose of physical and screening is to promote the importance of preventive health and controlling risk factors.
- ❖ Please perform the requested/relevant ag- related physical exam testing and biometric screening for the participant and complete the screening tests and lab result information below.

Screening tests and lab results

Height:	inches	Participant fasting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Weight:	pounds	Total cholesterol:		
Waist circumference:	inches	HDL cholesterol:		
(please measure directly around waist using belly button as landmark)		LDL cholesterol:		
Blood pressure:		Triglycerides:		
		Glucose or HemA1c:		
Physician: Please initial you completed these measurements and provided laboratory results as allowed within preventive services guidelines.		Additional lab results: <input type="checkbox"/> To follow <input type="checkbox"/> Attached <input type="checkbox"/> Not performed		

Physician signature:		Date:	/ /
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Participant: By signing below, you acknowledge you have read and accept all notices provided in this packet or on your Wellness Portal.

Participant signature:		Date:	/ /
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Please submit biometric and lab results via:

Wellness Portal Upload
 Smartphone App
 Fax: 1.888.251.2264 (Secure Fax)
 Scan and Email: membersupport@lockton.com

Health information provided to Lockton is confidential and HIPAA-compliant.
 If you have questions or concerns regarding sending the biometric or laboratory information, please contact Lockton Nurse Advocate:
membersupport@lockton.com or call 1.888.251.2260.