



HENRY FORD
ALLEGIANCE HEALTH



Physician Results Form

Jim Winter Auto Group

Print Name _____ Date of Birth _____

Employees participating in the *It's Your Life* health management program who wish to complete the health screen requirement at a physician's office must fax this form to *It's Your Life* at **fax # (517) 205-5941** by **January 15, 2019**.

Lab values (cholesterol, triglycerides and glucose), height, weight and blood pressure measurements must be completed **January 1, 2018** or later to qualify. ***Please have your physician's office indicate the value and date of services below.***

<u>Resting Blood Pressure Measurement</u>		<u>Date of Service:</u>
Systolic _____ mmHg		
Diastolic _____ mmHg		
<u>Height and Weight Measurements (please indicate units)</u>		<u>Date of Service:</u>
Height (without shoes) _____ inches/meters		
Weight (without shoes) _____ lbs/kgs		
<u>Labs</u>		
Lipid panel and Glucose tests must be FASTING measurements.		
	Result (Value and Units)	Date of Service
Total Cholesterol		
HDL Cholesterol		
LDL Cholesterol		
Triglycerides		
Glucose OR HbA1c		

**Your physician's office may require you to sign a waiver releasing information to Henry Ford Allegiance Health's Department of Prevention and Community Health. All personal health information provided will remain confidential and secure.*

Physician name _____ Physician Signature _____

Fax Form by **January 15, 2019**

Henry Ford Allegiance Prevention & Community Health
100 East Michigan Ave., 9th floor
Jackson, MI 49201
Phone: (517) 205-7495, Fax: (517) 205-5941