



HENRY FORD  
ALLEGIANCE HEALTH



## Physician Results Form

### MACI

Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

MACI Associate # \_\_\_\_\_

- MACI Associate  
 MACI Spouse

MACI is offering the *It's Your Life* Health Management Program to associates and spouses. Those who wish to complete the health screen at their physician's office may submit this form to fulfill their health screen requirements. **Deadline to submit this form is November 30th, 2018.** Completed forms can be placed in the *It's Your Life* drop box in Corporate Services or faxed to the number at the bottom of the page. Please keep a copy for yourself.

Lab values (cholesterol, triglycerides and glucose), height, weight and blood pressure measurements must be completed **January 1st, 2018** or later to qualify.

**Please have your physician's office indicate the value and date of service below.**

	Result	Date of Service must be January 1, 2018 or later
<b>Blood Pressure</b>		
Systolic		
Diastolic		
<b>Height and Weight (without shoes)</b>		
Height		
Weight		
<b>FASTING Labs</b>		
Total Cholesterol		
HDL Cholesterol		
LDL Cholesterol		
Triglycerides		
Glucose		

*\*Your physician's office may require you to sign a waiver releasing information to Henry Ford Allegiance Health Department of Prevention and Community Health. All personal health information provided will remain confidential and secure. Also, employees/spouses are responsible for any co-pays, etc. associated with completing screens at physician offices.*

Physician name \_\_\_\_\_ Physician Signature \_\_\_\_\_

Completed forms may be returned by fax or mail to: **Henry Ford Allegiance Prevention and Community Health  
 One Jackson Square, 9<sup>th</sup> floor  
 Jackson, MI 49201  
 Phone: (517) 205-7495, Fax: (517) 205-5941**