



Physician Health Screen Form

Orbitform

Print Name _____ Date of Birth _____

Orbitform is offering the It's Your Life health management program. Staff who wish to complete the health screen at their physician's office may submit this form by the deadline of May 1, 2018 to fulfill their health screen requirements.

Lab values (cholesterol, triglycerides and glucose) must be completed January 1, 2017 or later to qualify. 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 service below.

Table with 3 columns: Measurement, Result (value and units), Date of Service. Rows include Blood Pressure (Systolic, Diastolic), Height and Weight, and Labs (Total Cholesterol, HDL, LDL, Triglycerides, Glucose).

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

Physician name _____ Physician Signature _____

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