

# PHYSICIAN SCREENING COLLECTION FORM: STANDARD

## THIS FORM IS FOR PHYSICIAN OFFICES ONLY, NOT FOR DIRECT LAB USE

**TO PARTICIPANT:** Please use this form to obtain your lab and screening tests from your health care provider. Viverae must receive values for the applicable test parameters listed at the bottom of this page in order to complete your Biometric Screening. Please complete the following contact information and follow the directions provided below. All programs are confidential and HIPAA compliant. Any information shared with the Viverae team will not be disclosed except in accordance with HIPAA laws. **ALL FIELDS BELOW ARE REQUIRED.**

Participant Name: \_\_\_\_\_ Participant Employer: Arlington ISD

Participant Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Participant Phone #: \_\_\_\_\_

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**\*\*IMPORTANT NOTES\*\***

- You may submit blood/screening tests completed by your health care provider on or after 09/01/2017.
- Results must be written on this form and your health care provider information must be completed below.
- Current Employees and New Hires: This form must be completed and faxed to the Viverae Health Center no later than 8/31/2018 to receive credit.

**TO LICENSED MEDICAL PROFESSIONAL:** The health management program offered through Viverae is not intended to treat, diagnose or replace physician involvement, but rather to create and promote an atmosphere of healthy living and learning through the implementation of wellness initiatives. For more information, please call Viverae at 888-VIVERAE (848-3723). **ALL FIELDS BELOW ARE REQUIRED.**

Licensed Medical Professional Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Licensed Medical Professional Signature: \_\_\_\_\_

License #: \_\_\_\_\_ Test Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Test Parameter	Value	Units
Total Cholesterol		mg/dL
HDL Cholesterol		mg/dL
LDL Cholesterol		mg/dL
Triglycerides		mg/dL
Glucose		mg/dL
Systolic Blood Pressure (rest)		mmHg
Diastolic Blood Pressure (rest)		mmHg
Height		in
Weight		lbs
Waist Circumference		in
Fasting	Yes	No

**VIVERAE**



© You can submit your form in one of three ways: (1) upload from the Resources page on myviverae.com (2) via fax using the number below, (3) via mail using the address below.  
Secure Fax: (855) 292-8662

2015 © Viverae, Inc. All Rights Reserved

Address: Attn: Screening Services Department, 10670 N. Central Expwy., Suite 250, Dallas, TX 75231