

UAH Healthcare Provider Screening Form: Patient Information

- ❖ Screenings for UAH insured employees completed by the UAH Faculty & Staff Clinic (FSC) will not require a co-pay and no insurance filing will be submitted.
- ❖ Please call the FSC at (256)824-2100 to schedule an appointment. The visit should only last approximately 15-30 minutes.
- ❖ Employees have the option to take this form to their Healthcare Provider for completion and return to the FSC by fax or mail to:
 - UAH Faculty and Staff Clinic
 - 301 Sparkman Drive, WIL327
 - Huntsville, AL 35899
 - Fax: (256)824-4635
- ❖ Your medical information details are confidential and will not be shared. Completion of screening and aggregate data will be submitted to UAH Human Resources.

UAH
Screening Form /
HEALTHCARE PROVIDER

UAH Faculty & Staff Clinic
Wilson Hall 327
Huntsville, AL 35899

SECTION 1:

To Be Completed by Active Employee

PRINT CLEARLY WITH
A BLACK INK PEN.

DARKEN BOXES COMPLETELY.

<< Not This << This << Not This

Contract Number:

Employee ID (A#): (of person being screened)

Male

Female

Screen Date:

 - -

Birth Date:

 - -

Daytime Phone Number:

 - -

Last Name:

First Name:

Screening not performed due to: Pregnancy Disability

What best describes your race/ethnicity?

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Hispanic / Latino | <input type="checkbox"/> Other |
| <input type="checkbox"/> Black / African American | <input type="checkbox"/> Native American / Alaska Native |
| <input type="checkbox"/> Native Hawaiian / Pacific Islander | |

Do you have (or have you been told you had) any of the following?

- High Cholesterol High Blood Pressure Diabetes

Do you take any medication for any of the following?

- High Cholesterol High Blood Pressure Diabetes

SECTION 2: (To Be Completed by Provider)

Blood Pressure: /

Total Cholesterol: mg/dl

HDL Cholesterol: mg/dl

LDL Cholesterol: mg/dl

Triglycerides mg/dl

Blood Glucose: mg/dl

Height: ft in

Weight: lbs

Waist: . in

BMI:

Has the patient used a tobacco product in the last 12 months? Yes No

Healthcare Provider Name (Please Print)

Healthcare Provider Signature

Healthcare Provider Type (Please Print)

Healthcare Provider Address & Phone Number (Please Print)

Please FAX or mail to:
UAH Faculty & Staff Clinic
301 Sparkman Dr. WIL327
Huntsville, AL 35899
Fax: 256-824-4635

UAH Healthcare Provider Screening Form: Provider Information

Section 2:

- Please completely capture all requested data and record it in the fields provided. While all the data is highly useful, the UAH wellness screening requirement will not be completed unless all of the data in section 2 is recorded at the time of the office visit with the exception of waist measurement.
- Waist measurement is not a required field for completion of the UAH wellness screening requirement; however, collecting this information is recommended to better represent the distribution of body mass and determine overall wellness.

Signature Block:

- Please completely fill out all requested fields in order for the UAH wellness screening requirement to be completed.
- Please mail or fax the completed form to the UAH Faculty and Staff Clinic at the address or fax number below:

UAH Faculty and Staff Clinic
301 Sparkman Dr. WIL327
Huntsville, AL 35899
Fax: (256)824-4635
Phone: (256)824-2100