

# Roanoke County Wellness Incentive Program

## Biometric Screening Form

### NOTICE TO MEMBER

Please fill out the top portion of this form and take it to your medical provider when you complete your biometric health screening. This activity must occur to count towards the Roanoke County Incentive Program activities. Once completed by your provider, it is YOUR responsibility to return this form to Everside Health at the contact information below. BY COMPLETING THIS FORM AND SUBMITTING IT TO EVERSIDER HEALTH, YOU CONSENT TO THE DISCLOSURE BY EVERSIDER HEALTH TO ROANOKE COUNTY THAT YOU HAVE COMPLETED THE BIOMETRIC SCREENING. We will not disclose the specific results reported on this form and will use the results only to support the health services that we provide to you. You may revoke your consent to this disclosure at any time by sending us a notice in writing. Your revocation will not apply to information already disclosed by Everside Health pursuant to this form.

DATE: \_\_\_\_\_

PATIENT NAME (Please print clearly)	DATE OF BIRTH	EMPLOYEE NUMBER

### NOTICE TO PROVIDER

Your patient has an opportunity to complete a biometric screening as a part of a wellness incentive program. Please review the components to be included in the screening. When the screening is complete, please fill out this form, sign, and date it and return it to the patient. Please fill out this form completely.

ANNUAL HEALTH SCREENING CRITERIA	RESULTS
FASTING (preferred, if medically possible)	<input type="radio"/> Yes <input type="radio"/> No
BODY MASS INDEX (BMI)	Height _____" Weight _____ BMI _____ Waist Measurement _____
BLOOD PRESSURE	Value: _____ / _____
TOTAL CHOLESTEROL	Value: _____
HDL CHOLESTEROL	Value: _____
TRIGLYCERIDES	Value: _____
LDL CHOLESTEROL	Value: _____
TOTAL CHOLESTEROL TO HDL RATIO	Value: _____
BLOOD SUGAR	Value: _____

### DEADLINES:

All required steps to become engaged in the Wellness program must be completed by May 31 each year to earn the incentive on July 1.

PROVIDER SIGNATURE:

PLEASE PRINT (OR PROVIDER STAMP)

PROVIDER PHONE NUMBER \_\_\_\_\_

### WAYS TO RETURN YOUR FORM:

Drop it off or mail it to:

Everside Health Roanoke County – South Location

2741 Penn Forrest Blvd. Roanoke, VA 24018

Hours: Monday-Thursday: 7am-5pm, Friday 7 am-11am

Email it to: southroanoke.clinic@eversidehealth.com

Fax it to: (866) 493-1981

