

Auburn University Healthy Tigers- AUPCC Screening Form

SECTION 1 (To be completed by screening participant)

NAME (PLEASE PRINT) : _____ SUBSCRIBER BANNER NUMBER: _____

AGE: _____ DATE OF BIRTH: _____ GENDER (CHECK ONE) : **MALE** **FEMALE**

AU BCBS SUBSCRIBER NAME (AS SHOWN ON BCBS CARD): _____

AU BCBS POLICY/CONTRACT NUMBER: _____ SCREENING DATE: _____

DAYTIME OR CAMPUS PHONE NUMBER: _____ E-MAIL ADDRESS: _____

What best describes your race/ethnicity?

White Black/African American Asian Indian or Alaska Native
Hispanic/Latino Native Hawaiian/Pacific Islander Other

Do you **HAVE** (or have you been told you had) any of the following? (Mark all that apply.)

High Cholesterol High Blood Pressure or Hypertension Diabetes

Do you take **MEDICATION** for any of the following? (Mark all that apply.)

High Cholesterol High Blood Pressure or Hypertension Diabetes

I am pregnant: Yes No I have a pacemaker: Yes No

Do you have a family history of heart attack or stroke? Yes No If yes, who? Parent Brother/Sister

Do you have a personal history of heart disease (such as heart attack, stroke, open-heart surgery)? Yes No

Do you currently smoke or use tobacco products? Current Smoker Former Smoker Never

Are you up to date on your immunizations? Yes No I don't know

I hereby consent to the Healthy Tigers screening services provided through the Auburn University Pharmaceutical Care Center (AUPCC) and have received or been offered a copy of the "Notice of Privacy Practices" and the "Notice Regarding Wellness Program."

Signature: _____ Date: _____

If more than one screening is performed in a calendar year, you will be responsible for paying associated fees out of pocket for 2nd visit.

SECTION 2 (To Be Completed by the AUPCC)

REQUIRED DATA

Weight: _____ pounds BMI: _____ kg/m²

Blood Pressure: _____ / _____ mmHg

Height: _____ ft _____ in

Total Cholesterol: _____ mg/dL

Blood Glucose: _____ mg/dL

HDL Cholesterol: _____ mg/dL

Non-HDL Cholesterol: _____ mg/dL

TC/HDL Ratio: _____ mg/dl

Screened by _____

Location: AUPCC AUM OTHER _____

Reason: YZ RZ In Process Completed

Banner EMR PM