

Auburn University Healthy Tigers-AUPCC Screening Form

SECTION 1 (To be completed by screening participant)

Name (Please Print):	
Subscriber Banner Number (Insurance Holder):	
Age:	
Date of Birth:	
Sex (check one):	<input type="checkbox"/> Male <input type="checkbox"/> Female
AU BCBS Subscriber Name (as shown on card):	
AU BCBS Policy/Contract Number:	
Screening Date:	
Daytime or Campus Phone Number:	
E-Mail Address:	
What best describes your race/ethnicity?	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Indian or Alaska Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American/Pacific Islander <input type="checkbox"/> Other
Do you HAVE (or have you been told that you had) any of the following? Mark all that apply.	<input type="checkbox"/> High Cholesterol <input type="checkbox"/> High Blood Pressure or Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> None of these
Do you take medication for any of the following? Mark all that apply.	<input type="checkbox"/> High Cholesterol <input type="checkbox"/> High Blood Pressure or Hypertension <input type="checkbox"/> Diabetes
Are you pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a pacemaker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a family history of heart attack or stroke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who?	<input type="checkbox"/> Parent <input type="checkbox"/> Brother/Sister
Do you have a personal history of heart disease (such as heart attack, stroke, open-heart surgery)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently smoke or use tobacco products?	<input type="checkbox"/> Current Smoker <input type="checkbox"/> Former Smoker <input type="checkbox"/> Never
Are you up to date on your immunizations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 2 nd visit.	

SECTION 2 (To be completed by the AUPCC)

<p style="text-align: center;">REQUIRED DATE</p> Weight: _____ pounds BMI: _____ kg/m2 Blood Pressure: _____ / _____ mmHG 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: <input type="checkbox"/> AUPCC <input type="checkbox"/> AUM <input type="checkbox"/> Other _____ Reason: <input type="checkbox"/> YZ <input type="checkbox"/> RZ <input type="checkbox"/> In Process <input type="checkbox"/> Complete <div style="text-align: right;"> <input type="checkbox"/> Banner <input type="checkbox"/> EMR <input type="checkbox"/> PM </div>
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