**SECTION 1 (To be completed by screening participant)**

|  |  |
| --- | --- |
| Name (Please Print): |  |
| Subscriber Banner Number (Insurance Holder): |  |
| Age: |  |
| Date of Birth: |  |
| Sex (check one): | Male Female |
| AU BCBS Subscriber Name (as shown on card): |  |
| **AU BCBS Contract & Group 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 American/Pacific Islander Other |
| Do you HAVE (or have you been told that you had) any of the following? Mark all that apply. | High Cholesterol High Blood Pressure or HypertensionDiabetes None of these |
| Do you take medication for any of the following? Mark all that apply. | High Cholesterol High Blood Pressure or HypertensionDiabetes |
| Are you pregnant? | Yes No |
| Do you 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 DATAWeight:\_\_\_\_\_\_\_\_ pounds BMI:\_\_\_\_\_\_\_\_kg/m2Blood Pressure:\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_mmHGHeight:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ft\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_inTotal Cholesterol:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mg/dlBlood Glucose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mg/dlHDL Cholesterol:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mg/dlNon-HDL Cholesterol:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mg/dlTC/HDL Ratio:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mg/dl | Screened by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location: AUPCC AUM Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reason: YZ RZ In Process CompleteBanner EMR PM |