**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 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 Complete  Banner EMR PM | |