



Employee Health Preventive Care - Assessment Acknowledgment Form
Passport to Wellness Year 2019
Services provided between: 11/1/2018 through 10/31/19
Discount Period: 1/1/2020 – 12/31/2020

Employee Name: _____ **Age:** _____

(Please Print)

Male: _____ **Female:** _____ **EMPLOYER:** _____ (Please Print)

Physician Name: _____ (Please Print) **Completion Date:** _____

Physician Acknowledgement: My signature below indicates that the following tests, assessments, clinicals indicated, pertain to the employee identified above, have been measured, if I deemed appropriate. The results of which have been reviewed with the employee in accordance with established treatment protocols.

Biometrics Information:

Check if completed		Recommended tests (Not required) if applicable at Physician's discretion:
	Wellness checkup/Physical	Comprehensive Metabolic Panel (CPT Codes 80053, 84436, 84479)
	<i>The below can be done at the County's annual health fair or with your personal physician:</i>	Vitamin B
	Height/Weight	CBC
	Blood Pressure: Systolic/Diastolic	CMP
	Cholesterol : LDL/HDL/Triglycerides	TSH
	Blood Sugar Level	Bilirubin screening
	Body Mass Index (BMI)	HBA1c (if diagnosed diabetic)

Required Preventive Screenings discussed with Physician. If screening is recommended and done at a different office (such as a hospital), proof of procedure/visit with name of patient and date of procedure must be attached to this form.

___ **Mammogram:** Annually at ages 40+

OR

___ Not required at this time (age, screening given within past year, etc.)

___ **Pap Test/Pelvic Exam:** Women age 21-65 every 3 years or women age 30-65 Pap Test/HPV combined every 5 years; Ages 65+ discuss with doctor

OR

___ Not required at this time

___ **Screening for Colorectal Cancer:** Ages 50-75 with either a colonoscopy, fecal occult blood test or sigmoidoscopy

OR

___ Not required at this time

