



Primary Care Physician Form

If you do not participate in the health screenings offered by Washington County Public Schools, please take this form to your physician's office to request a copy of your lab work. Potential incentives may be forfeited if this form is not completed. Please have your provider (physician) complete this form and send or fax to:

Gateway Health
 Attn: Brandy Epps
 1500 Fulton Heights
 Danville, VA 24541

-OR-

Secure Fax: 434-799-4397

Physician: Washington County Public Schools, currently offers an employee wellness program and asks that you help by providing the following lab work and vital signs listed below. Lab values must be obtained November 1, 2017-February 1, 2018 to be accepted

Please note that the participant's personal information is kept strictly confidential. This program is 100% HIPAA compliant

Participant Name:			
Date of Birth:		Date of Labs: <input type="checkbox"/> Fasting <input type="checkbox"/> Not Fasting	
Vitals		Lipid Panel + Glucose	
Weight (without shoes)		HDL Cholesterol	
Height (without shoes)		LDL Cholesterol	
Body Mass Index (BMI)		Total Cholesterol	
Blood Pressure – Systolic		Total Cholesterol/HDL Ratio	
Blood Pressure – Diastolic		Triglycerides	
Waist Measurement (inches measured at naval)		Blood Glucose	

Physician Name: _____

Physician's Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact #: _____

Questions?

Please contact Brandy Epps of Healthy Solutions 434-799-3838, Extension 3014

