



## 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*

<b>Participant Name:</b>			
<b>Date of Birth:</b>		<b>Date of Labs:</b> <input type="checkbox"/> Fasting <input type="checkbox"/> Not Fasting	
<b>Vitals</b>		<b>Lipid Panel + Glucose</b>	
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

