PHYSICIAN SCREENING COLLECTION FORM: STANDARD

THIS FORM IS FOR PHYSICIAN OFFICES ONLY, NOT FOR DIRECT LAB USE

TO PARTICIPANT: Please use this form to obtain your lab and screening tests from your health care provider. Viverae must receive values for the applicable test parameters listed at the bottom of this page in order to complete your Biometric Screening. Please complete the following contact information and follow the directions provided below. All programs are confidential and HIPAA compliant. Any information shared with the Viverae team will not be disclosed except in accordance with HIPAA laws. ALL FIELDS BELOW ARE REQUIRED.

Participant Name: _____ Participant Employer: Katy ISD

Participant Date of Birth: _____ /_____ / _____ Participant Phone #: _____

Today's Date: _____ /_____ / _____

IMPORTANT NOTES

- You may submit blood/screening tests completed by your health care provider on or between 08/31/2015 and 08/12/2016.
- Results must be written on this form and your health care provider information must be completed below.
- This form must be completed and faxed to the Viverae Health Center no later than 08/12/2016 to receive credit.

TO LICENSED MEDICAL PROFESSIONAL: The health management program offered through Viverae is not intended to treat, diagnose or replace physician involvement, but rather to create and promote an atmosphere of healthy living and learning through the implementation of wellness initiatives. For more information, please call Viverae at 888-VIVERAE (848-3723). ALL FIELDS BELOW ARE REQUIRED.

Licensed Medical Professional Name: _____ Phone #: _____

Address: _____ City: _____ State: _____

Licensed Medical Professional Signature: _____

License #: _____ Test Date: _____ / _____ / _____

Test Parameter	Value	Units
Total Cholesterol		mg/dL
HDL Cholesterol		mg/dL
LDL Cholesterol		mg/dL
Triglycerides		mg/dL
Glucose		mg/dL
Systolic Blood Pressure (rest)		mmHg
Diastolic Blood Pressure (rest)		mmHg
Height		in
Weight		lbs
Waist Circumference		in
Fasting	Yes No	

VIVERAE®

You can submit your form in one of three ways: (1) upload from the Resources page on MyViverae.com (2) via fax using the number below, (3) via mail using the address below.
Secure Fax: (855) 292-8662
Address: Attn: Screening Services Department, 10670 N. Central Expwy., Suite 250, Dallas, TX 75231