

Preventive physical exam

Exam results accepted May 1, 2018 – April 30, 2019

Dear Physician:

At Sarpy County, we value the health and well-being of our employees. As part of our Wellness Program, employees will receive their wellness incentive by completing certain requirements. An annual PREVENTIVE physical exam is one of those requirements.

Respectfully we ask that you perform the relevant testing that is allowed within preventive care guidelines. We ask that at a minimum a complete lipid panel and fasting glucose tests are performed. If additional testing that is not "preventive" is provided, please discuss any charges that may be incurred.

Please support our efforts by communicating with your patient the results of these screenings and the importance of preventive health and of controlling risk factors.

Additional testing may be provided per physician judgment and after discussing with the patient. Testing outside what is noted above may be subject to a copay or deductible, as per preventive care guidelines.

We ask that you complete the Sarpy County Physical Exam and Biometric Screening Physician Form attached and then:

Please fax to:
Lockton Health Risk Solutions Attn: Brittany Whittington 1.888.251.2264 (secure fax)
Please provide your email address, so we can confirm receipt of the fax.

If the client is pregnant she is not obligated to participate. Just fax us a note from your office stating that the client is pregnant and under your care.

Healthy Regards,

Lockton Health Risk Solutions

Physical exam and biometric screening physician form



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Participant Information			
Participant name:			
<input type="checkbox"/> Employee	<input type="checkbox"/> Spouse	Participant date of birth:	/ /
Participant email address: (to confirm receipt of information)			
Participant phone number:		()	
Physician Information			
Physician name:			
Physician phone number:		()	Date of assessment: / /
IMPORTANT INFORMATION FOR PHYSICIAN			
<ul style="list-style-type: none"> ❖ The purpose of physical and screening is to promote the importance of preventive health and controlling risk factors. ❖ Please perform the requested/relevant age related physical exam testing and biometric screening for the participant, and complete the screening tests and lab result information below. 			
Screening tests and lab results			
Height:	inches	Participant fasting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weight:	pounds	Total cholesterol:	
Waist circumference:	inches	HDL cholesterol:	
(please measure directly around waist using belly button as landmark)		LDL cholesterol:	
Blood pressure:		Triglycerides:	
		Glucose/HemA1c:	
Anything beyond these requirements performed at the discretion of the physician.			
Physician: Please <u>initial</u> you completed these measurements and provided laboratory results as allowed within preventive services guidelines.		Additional lab results: <input type="checkbox"/> To follow <input type="checkbox"/> Attached <input type="checkbox"/> Not performed	
Physician signature:		Date:	/ /
Participant (sign before leaving with your Physician): By signing below, you acknowledge you have read and accept all notices provided at the start of the Health Risk Assessment. Notices call also be found at https://www.locktonforhealth.com/registration.cfm .			
Participant signature:		Date:	/ /
Please fax biometric and lab results to:		Health information provided to Lockton is confidential and HIPAA-compliant. If you have questions or concerns regarding sending the biometric or laboratory information please contact Lockton Health Risk Solutions: nurseline@lockton.com or call 1.888.251.2260.	
Lockton Health Risk Solutions Attn: Brittany Whittington Fax #: 1.888.251.2264 (secure fax)			