

Remember: You MUST ALSO complete the online Health Risk Questionnaire (HRQ) by 11/30/2013 to meet the enrollment criteria.

Lab Results by Medical Provider: City of Boulder

These labs must be performed between the dates of August 1 and November 24, 2013, to be accepted by SimplyWell.

The deadline to receive this form is end of business on **November 30, 2013**.

TO BE COMPLETED BY PARTICIPANT

Participant Name: _____

Participant Date of Birth: _____ / _____ / _____ Gender: Male / Female (please circle one)

Phone: _____ Email: _____

*** Nicotine (self-reported)** – Please mark the appropriate box below. Your response will be applied to your Health Score.

PLEASE NOTE: Active tobacco use is defined as using tobacco in any form within the last 30 days.

YES, I am an active tobacco user.

NO, I am not an active tobacco user.

I certify the statements made on this form are true and correct to the best of my ability. Initial: _____

TO BE COMPLETED BY PHYSICIAN/PROVIDER

Provider Name (please print): _____ Phone: _____

Provider Address: _____

Provider Signature (required to accept & upload results): _____

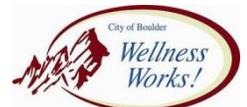
Date labs were performed (required): _____

Lab Test	Results
* Height (required)	_____ inches
* Weight (required)	_____ pounds
* Blood Pressure (required)	_____
Body Fat %	_____
* Glucose (required)	_____
CHOL/HDL Ratio	_____
* HDL (required)	_____
* LDL (required)	_____
Total Cholesterol	_____
* Triglyceride (required)	_____
VLDL Chol. Calculated	_____

***IMPORTANT:** If any of the bolded areas are incomplete, your Health Score cannot be calculated. Please allow 5 business days from receipt of lab results to view results in your profile. If your Health Score is 'PENDING', please resubmit the missing data as soon as possible.

PLEASE FAX OR MAIL THIS COMPLETED FORM BY November 30, 2013 TO:

SimplyWell Account Manager
9140 West Dodge Road Ste. 408, Omaha, NE 68114
Fax: 1-402-552-3355



Questions: 1-877-991-9355 OR info@simplywell.com The information in this fax is privileged and confidential and intended only for the use of a SimplyWell LLC Representative. Any unauthorized use or disclosure of this information is prohibited. **If you have received this fax by mistake, please delete it and immediately contact the sender.**