



Lab Results by Medical Provider: City of Boulder

These labs must be performed between the dates of 08/1/15 and 10/31/15 to be accepted by SimplyWell.
The deadline to submit this form is end of business on 10/31/15.

TO BE COMPLETED BY PARTICIPANT

Participant Name: _____

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

Phone: _____ Email: _____

*** Nicotine (self-reported) – Please read the definition of tobacco use and mark the appropriate box.**

Tobacco Use Definition: Tobacco use includes, but is not limited to, using tobacco in the form of cigarettes, pipes, cigars, electronic cigarettes, or chewing tobacco.

Yes, I HAVE used tobacco or tobacco products in the past 90 days

No, I have NOT used tobacco or tobacco products in the past 90 days.

I certify that the statements made on this form are true and correct to the best of my knowledge.

Participant signature: _____

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	_____

***Required Data**

All bold of areas are required. If any with an asterisk 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 October 31, 2015 TO:

SimplyWell Account Manager
 9140 West Dodge Road, Ste. 408, Omaha, NE 68114
 Fax: 1-402-552-3355
 Questions: 1-877-991-9355 (option 7) OR info@simplywell.com



The information in this fax is privileged and confidential and intended only for the use by 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.