SIMPLYWELL managed by healthbreak

Remember: You MUST ALSO complete the online Health Risk Questionnaire (HRQ) by 11/30/2012 to meet the enrollment criteria and receive your reward!

City of Boulder Wellness Works!

Medical Provider Clinical Results: City of Boulder

To be completed by participant

If you have had a physician office visit between September 1 and November 23, 2012, the wellness program will allow your physician to submit this data in place of attending an onsite health screening. Please print your information below and then provide this form to your physician for further completion.

Participant Name: (print clearly) _____

Participant Date of Birth: _____/_____/_____Gender (circle one): _____M / F____

Employee ID COB: _____ Social Security Number *(Not required by City of Boulder, but may be required by your physician)*_____

Phone Number: _____ Email address: _____

To be completed by physician/provider

The City of Boulder provides our employees with a comprehensive wellness program that includes an online health management portal. The online system allows employee access to their individual health reports which outline their risk in simplified terms. Employees can provide you with a temporary ID and Password so you may have online access to their personal records.

Although a significant number of City of Boulder employees obtain this clinical data at one of the onsite health screenings provided by the City, we also allow them to submit clinical data collected from your office. Only data collected between September 1 and November 23, 2012 will be accepted. This form must be faxed to 402.552.3355 by November 30, 2012.

Provider Name: (print clearly) _____ Phone: _____

Provider Address: _____

**Provider Signature (REQUIRED):_____

Date of Clinical Results: _____/_____/_____

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

Lab tests must be completed between the dates of September 1, 2012 and November 23, 2012 to be accepted by SimplyWell.

*Highlighted fields are mandatory. If any of these areas are incomplete your Health Score cannot be calculated. Please allow 5 business days from receipt of lab results to see results in your profile. If your health score is 'pending', please resubmit the missing data as soon as possible.

FAX: 1-402-552-3355

DEADLINE TO RECEIVE THIS FORM IS END OF BUSINESS DAY ON: November 30, 2012.

****Provider signature required in order to be accepted and uploaded.**

PLEASE FAX THIS COMPLETED FORM TO 402.552.3355 BY NOVEMBER 30, 2012.

Physician inquiries call PHONE: 402-559-1332 **City of Boulder program inquiries call 303.441.4009**

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