Remember: You MUST ALSO complete the online Health Risk Questionnaire (HRQ) by 10/31/2013 to meet the enrollment criteria.

SIMPLYWELL managed by healthbreak

Lab Results by Medical Provider: City of Boulder

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

The deadline to receive this form is end of business on October 31, 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 OCTOBER 31,2013 TO:

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

City of Boulder Wellness Works!

Questions: 1-877-991-9355 OR info@simplywell.comThe 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.**