Biometrics Screen Form

LEADWELL™

Employee/Spouse Demographics

First Name

Gender

☐ Male ☐ Female

Last Name

Date of Birth

Street Address

Phone Number

City

State ZIP

Email

Are you fasting? This means you have NOT had anything to eat or drink other than water or coffee/tea without sugar or cream in the last 9-12 hours. ***Note:*** *If you have not fasted you may still participate. However, some of your measurements may be affected.*

☐ Yes

☐ No

By signing this form, I attest that all of the above information is accurate to my knowledge. I hereby authorize HSHS Medical Group/LeadWell to disclose my protected health information obtained at the LeadWell Clinic during my biometric screening to Wellsource, Inc., FitClub, Prairie Heart Institute and Joslin Diabetes Center Affilliate at HSHS Medical Group. This medical information may be used for treatment, health risk assessment, consultation, billing, claims, payment or other purposes as I may direct.

Employee Signature _____ Date _____

***** FOR PHYSICIAN OR OFFICE STAFF USE ONLY BELOW THIS LINE *****

Biometric Results

Total Cholesterol (mg/dL)

LDL Cholesterol (mg/dL)

HDL Cholesterol (mg/dL)

Triglycerides (mg/dL)

Glucose (mg/dL)

Waist IN

Blood Pressure Systolic Diastolic

Resting Heart Rate BPM

% Body Fat

Height FT IN

Weight LBS

Physician Office Information

Facility Name

Provider Name

Date of Service

Phone Number

Provider Signature _____ Date _____

Please fax completed forms to the LeadWell Clinic at 217-528-9995.