

Health Care Provider Form

You may submit health screening results from your health care provider if you work at a location that did not have a sponsored health screening, are unable to attend an onsite health screening, choose to go to your own physician, or have current screening results (within the last six months) from your health care provider.

Use this form to record your height, weight, blood pressure, glucose, total cholesterol, and HDL. Please complete all information on the form, sign below and send to StayWell before you complete and submit your Health Assessment available through Healthy rEQuest. Your results will be added to your record and reflected in your personal feedback upon completion of your Health Assessment.

Your spouse/qualified domestic partner, if covered under the Embarq Medical Plan, also can complete a Health Assessment, become more informed about their health and learn how to make the best health-related choices.

Mail to:

StayWell Health Management
 Attn: Eric Day
 PO Box 21427
 St. Paul, MN 55121

EMBARQ			
First Name			SSN
Last Name			EMBARQ facility name
Height	Feet:		Weight
	Inches:		
Blood Pressure			Glucose
Total Cholesterol			HDL
Health Care Provider Name			
Health Care Provider Phone			

Consent to Use Information. I understand that StayWell Health Management may use information obtained from this biometric screening to provide health management services to me, which includes using this information to inform me of relevant health improvement programs offered by StayWell or by another service provider engaged by StayWell or my employer. I understand that data analysis companies or StayWell and their respective agents and employees may use this information for group statistical analysis and to update my health information. I understand that my SSN may be used only to identify my information and track my program participation.

I also understand that StayWell may provide information, such as my name and/or SSN, to my employer or its designated representative to notify them of the fact that I have completed the program. I also understand that my employer is prohibited from receiving or using health information gathered through my participation without my written consent.

My signature authorizes StayWell to contact my health care provider listed above with any questions regarding my height, weight, blood pressure, glucose, total cholesterol, and HDL.

Signature: _____ Date: _____

Questions? Call Healthy rEQuest at 866-988-WELL (9355) - option 5

05/2009