



CSU PHYSICIAN FORM

If you are having your biometric screening done at your physicians office, you will need to make sure you have the below tests completed. Tests must have been done in the past 6 months to qualify. **THIS FORM MUST BE SUBMITTED BY THURS NOV 16TH.**

Name (First/Last) _____ Phone #: _____

Date of Birth: _____ Today's Date: _____

Email: _____ Last 4 SSN: _____

Anthem ID #: _____

1) BLOOD PRESSURE: SYSTOLIC: _____ DIASTOLIC: _____

2) HEIGHT (INCHES): _____

3) WEIGHT (INCHES) _____

4) GLUCOSE: _____ mg/dL

5) TRIGLCYERIDES: _____ mg/dL

6) TOTAL CHOLESTEROL: _____ mg/dL

7) HIGH DENSITY LIPOPROTEIN (HDL): _____ mg/dL

8) LOW DENSITY LIPOPROTEIN (LDL): _____ mg/dL

**ALL FIELDS MUST BE
FILLED OUT TO RECEIVE
CREDIT**

Physician/Nurse/Technician Name (printed): _____ Date: _____

Physician/Nurse/Technician Signature: _____

FAX THIS FORM TO PREVENTIVE HEALTH NOW, LLC BY NOV 16th AT:

303-974-5040