



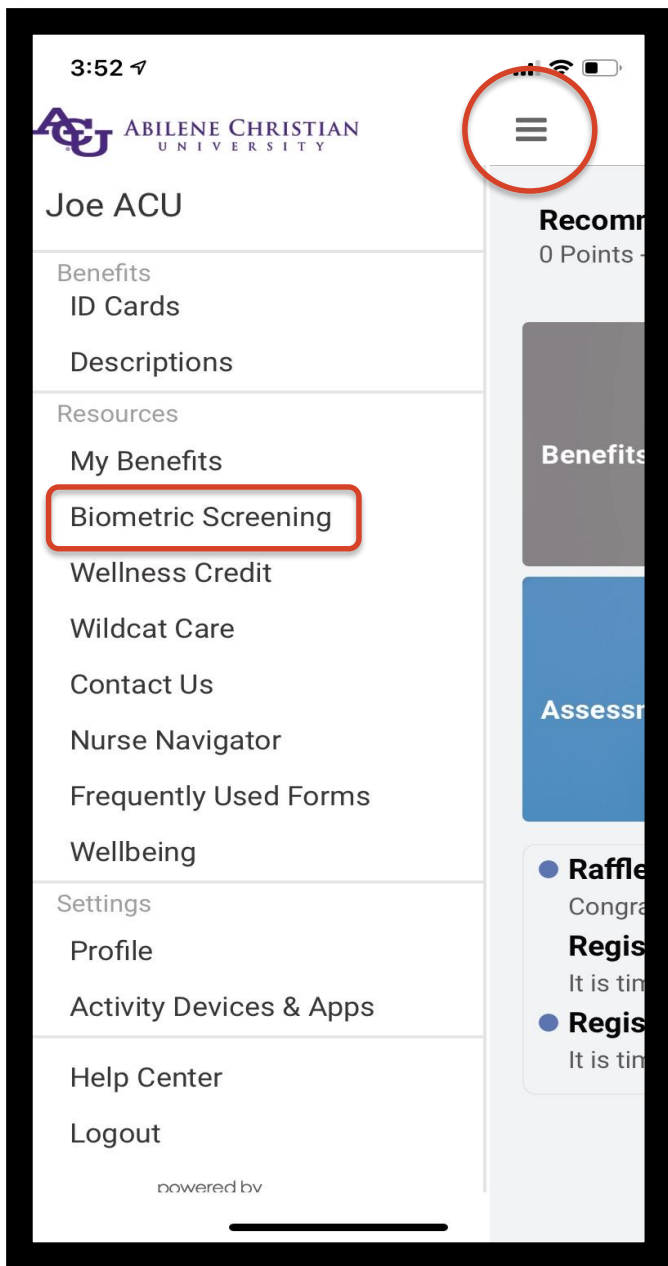
ABILENE CHRISTIAN
UNIVERSITY

HOW TO RECEIVE YOUR PHYSICIAN SCREENING FORM



HOLMES
MURPHY®

MOBILE HEALTH



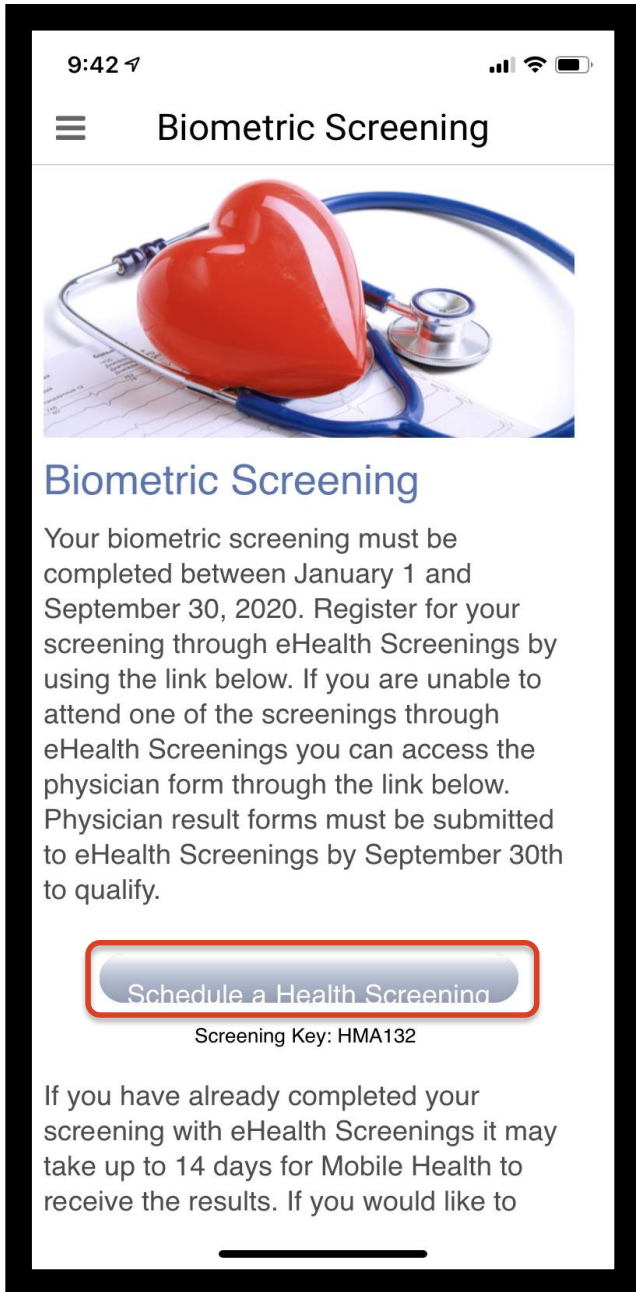
Step 1:

Open your Mobile Health Application on your device.

Once opened, select the **three horizontal bars** in the top left corner to activate the slide-out feature that allows you to navigate the application.

Click "**Biometric Screening**" within the slide-out feature.

MOBILE HEALTH



Step 2:

Once you arrive at your Biometric Screening page, simply click **"Schedule a Health Screening"** to be re-directed to the eHealthScreenings website.

eHealthScreenings



Step 3:

Once you arrive at the eHealthScreenings landing page, you must select step one to collect your screening form. Click the "Click to Select" button.

eHealthScreenings

This option allows accessibility to a Physician Screening Form (PSF) and ability to submit the completed documentation.

If you would like to move forward with this option, click the continue button to the right and then sign the consent forms on the next page. Once you finish the process you will receive an auto-email with instructions and the screening form that you must submit once you receive your results.

Thank you for selecting the option to submit physician lab results. **Note: If you do choose this option regular co-pays and deductibles may apply for the physician and lab visit.** You will be emailed the Physician Screening Form which you must have completed and submitted, along with your lab results, by the deadline below.

Criteria and Instructions:

1. The required fasting laboratory tests include: **Lipid Panel and Fasting Glucose.**
2. The required biometrics include: **Blood Pressure, Height, Weight, and Waist Circumference.**
3. The blood sample must be drawn by **venipuncture**. Urine tests, mouth swabs, and fingersticks will not be accepted.
4. Blood results must be provided on the Physician Screening Form and supported by a copy of your official lab results which includes your name, DOB, test results and test date for verification (a physician's letter will not suffice).
5. All of the information included on the Physician Screening Form is required. Any missing information will prevent your results from being entered and will disqualify you from participating in the wellness program.
6. Do not provide a copy of the Physician Screening Form to other participants. Each participant must request his or her own form.
7. Tests should be administered no earlier than: **1/1/20** and no later than: **9/30/20.**
8. Screening results must be received by eHealthScreenings no later than: **9/30/20.**
9. Completed Physician Screening Form **and** supporting official laboratory form (a copy of your results) can be uploaded in your health screening portal. Go to My Appointments and select Upload Form. Alternatively, documentation can be emailed to ehs.physicianscreening@ehealthscreenings.com.

If you have any questions or to confirm receipt, please contact eHealthScreenings by email at help@ehealthscreenings.com or by phone at 1-888-708-8807.

[Go Back](#)

[Continue](#)

Step 4:

Once you arrive at the Physician Screening Form site, you will need to read through the criteria and instruction, then click continue

eHealthScreenings

Physician Screening Consents

Please read carefully the consents below and sign at the bottom.

Consents for screening key: HMA132

Health Screening Consent

- PROCEDURES THAT THE PARTICIPANT WILL BE RECEIVING.
- THE PARTICIPANT BELIEVES THAT S/HE HAS SUFFICIENT INFORMATION TO PROVIDE INFORMED CONSENT FOR THE HEALTH SCREENING. THE PARTICIPANT UNDERSTANDS THAT S/HE HAS THE RIGHT TO REFUSE TO RECEIVE THE HEALTH SCREENING PROCEDURES.
 - The participant signs this agreement truthfully, knowingly, freely and voluntarily. Participant acknowledges that the person executing this agreement is the person receiving the health screening, or the legal representative of the person receiving the health screening and is authorized to act on such person's behalf to sign this agreement. The participant is at least 18 years old.

☐ I Agree (must scroll through consent)

Printer Friendly

Signature (First and Last Name):

Today's Date: 04/20/2020

Continue

Step 5:

After reading through the instructions, you will need to consent to the reception of your screening information for eHealthScreenings.

Sign your name on the signature line and select continue.

eHealthScreenings

Confirmation

Thank you for registering for the option to submit your own physician/clinic results manually. If you would like to immediately access your form, please click the link below. Alternatively, within an hour you will receive an email with a screening form and list of instructions for submission. Please contact eHS at 1.888.708.8807 for assistance

As a reminder, the email address that we have on file for notifications is:

alagasse@ehealthscreenings.com

To edit, simply go to the 'My Information' tab. If that field is not modifiable, you need to edit it with your employer.

[Click here to download your Physician Screening Form.](#)

Step 6:

After accepting the terms and conditions; you will be re-directed to the confirmation page in which you will be able to receive your screening form.

Click the text at the bottom of the page that states, "**Click here to download your Physician Screening Form.**"

eHealthScreenings



Physician Screening Form Screening Key: HMA132

SCREENING NAME

Abilene Christian University Health Screenings

CRITERIA AND INSTRUCTIONS

The following testing criteria **must** be met for the participant to be eligible for the wellness program incentive.

1. The required fasting laboratory tests include: **Lipid Panel and Fasting Glucose**.
2. The required biometrics include: **Blood Pressure, Height, Weight and Waist Circumference**.
3. The blood sample must be drawn by **venipuncture**. Urine tests, mouth swabs, and finger sticks will not be accepted.
4. **Blood results must be provided on this form and supported by a copy of your official lab results which includes your name, DOB, test results and test date for verification (a physician's letter will not suffice).**
5. All of the information included on this form is required. Any missing information will prevent your results from being entered and will disqualify you from participating in the wellness program.
6. Do not provide a copy of this form to other participants. Each participant must request their own form.
7. Tests should be administered no earlier than: **1/1/20** and no later than: **9/30/20**
8. Screening results must be received by eHealthScreenings no later than: **9/30/20**
9. Completed Physician Screening Form and supporting official laboratory form (a copy of your results) can be uploaded to your health screening portal. Go to My Appointments and select Upload Form. Alternatively, documentation can be emailed to ehs.physicianscreening@ehealthscreenings.com

Section A | PARTICIPANT INFORMATION (participant to complete)

First Name: Test	Last Name: User
Sex: M Last 4 SSN: _____	DOB: (mm/dd/yyyy): ____/____/____
Phone: _____	Email: alagasse@ehealthscreenings.com
Participant Signature: _____	Date: _____

Section B | PHYSICIAN AND/OR TESTING FACILITY INFORMATION (physician / nurse to complete)

Physician & Practice / Facility Name: _____	
Address: _____	Phone #: _____
National Provider ID # or CLIA certification #: _____	Test Date (required): ____/____/____
Physician Signature: _____	Date: _____

Section C | BIOMETRIC TEST RESULTS AND FASTING STATUS (physician to complete)

Blood Pressure		Body Measurements (BMI is a calculated value and will be available in your final report from eHealthScreenings)		Fasting Status
Systolic: _____ (mmHg)	Diastolic: _____ (mmHg)	Height: _____ (inches)	Weight: _____ (lbs)	Waist: _____ (inches)
				☐ Yes, I fasted 9 or more hours ☐ No, I did not fast 9 or more hours

Section D | LAB TEST RESULTS (participant **MUST** fill in and submit BOTH this form and lab report by the deadline)

Blood Testing Results					
Total Cholesterol: _____ (mg/dl)	HDL Cholesterol: _____ (mg/dl)	Triglycerides: _____ (mg/dl)	Glucose: _____ (mg/dl)	LDL Cholesterol: _____ (mg/dl)	

To contact eHealthScreenings with any questions email us at help@ehealthscreenings.com or call (888) 708-8807. Fax (210) 767-2245.

LAB REPORT MUST BE ATTACHED

Step 7:

Once you download the form, you will receive a form that is structured above. Please note that this form is going to be customized to you specifically.

If you have any questions on this process, please contact Elsa Dunson: edunson@holmesmurphy.com or 972-663-7304