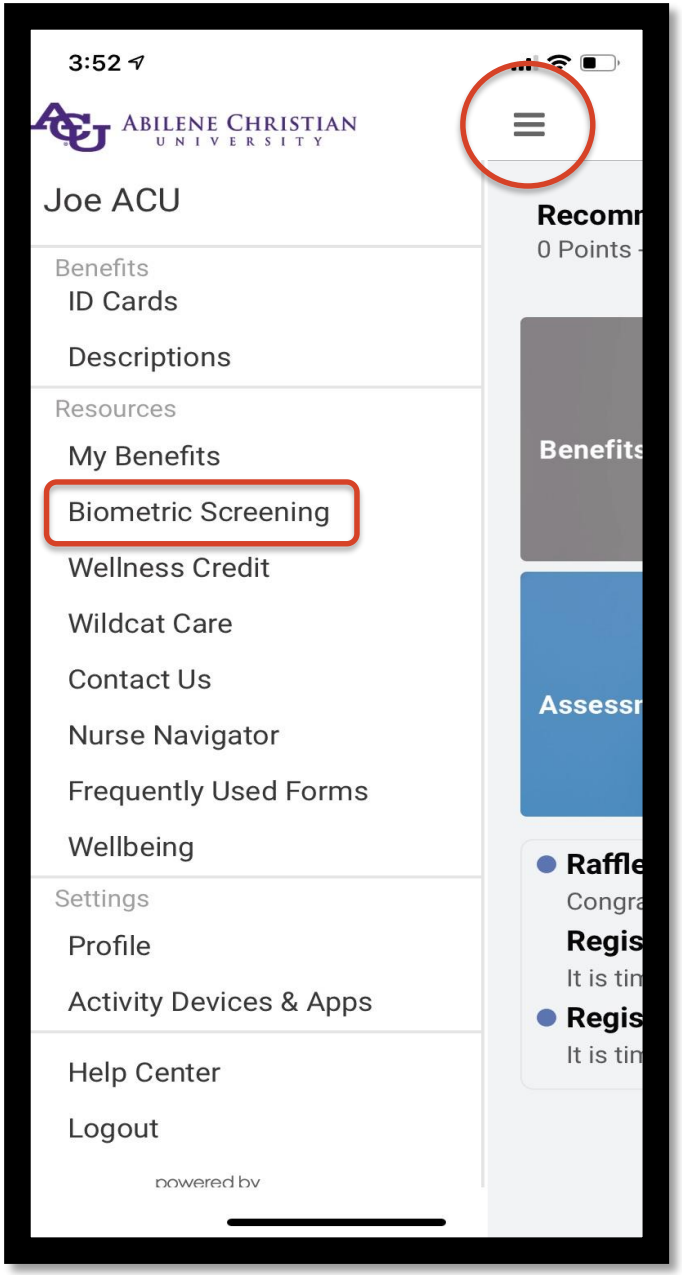
ABILENE CHRISTIAN UNIVERSITY

HOW TO RECEIVE YOUR PHYSICIAN SCREENING FORM

HOLMES MURPHY

MOBILE HEALTH



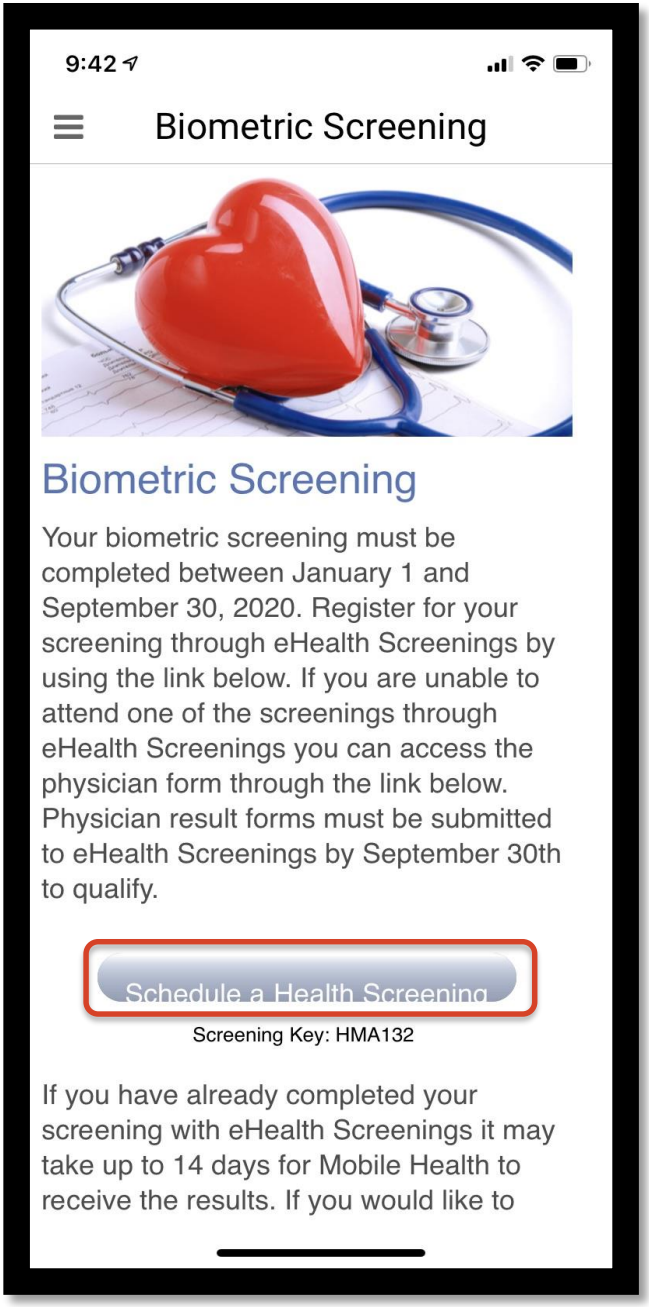
Step 1:

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:

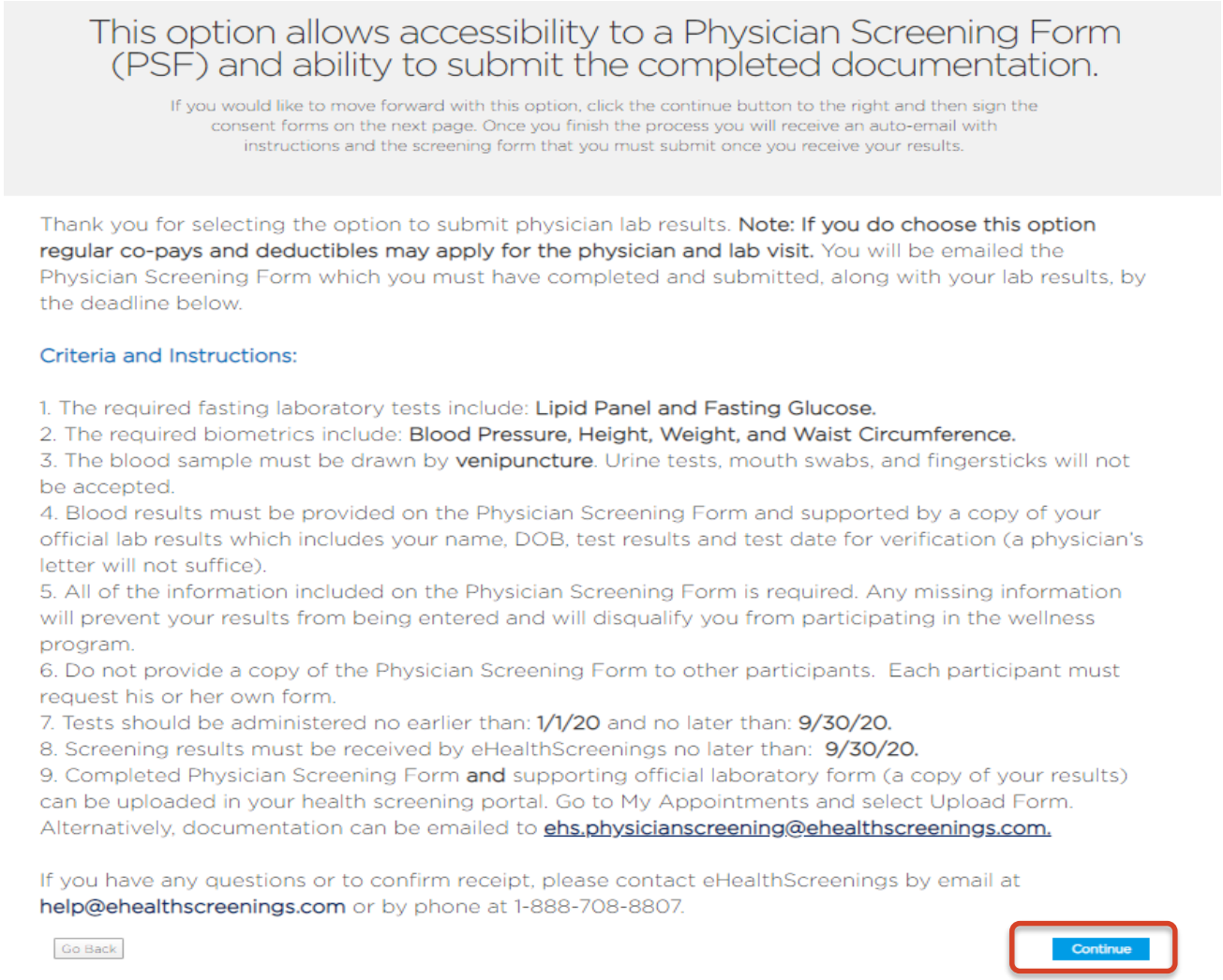
Once you arrive at your Biometric Screening page, simply click "**Schedule a Health Screening**" to be re-directed to the eHealthScreenings website.

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.

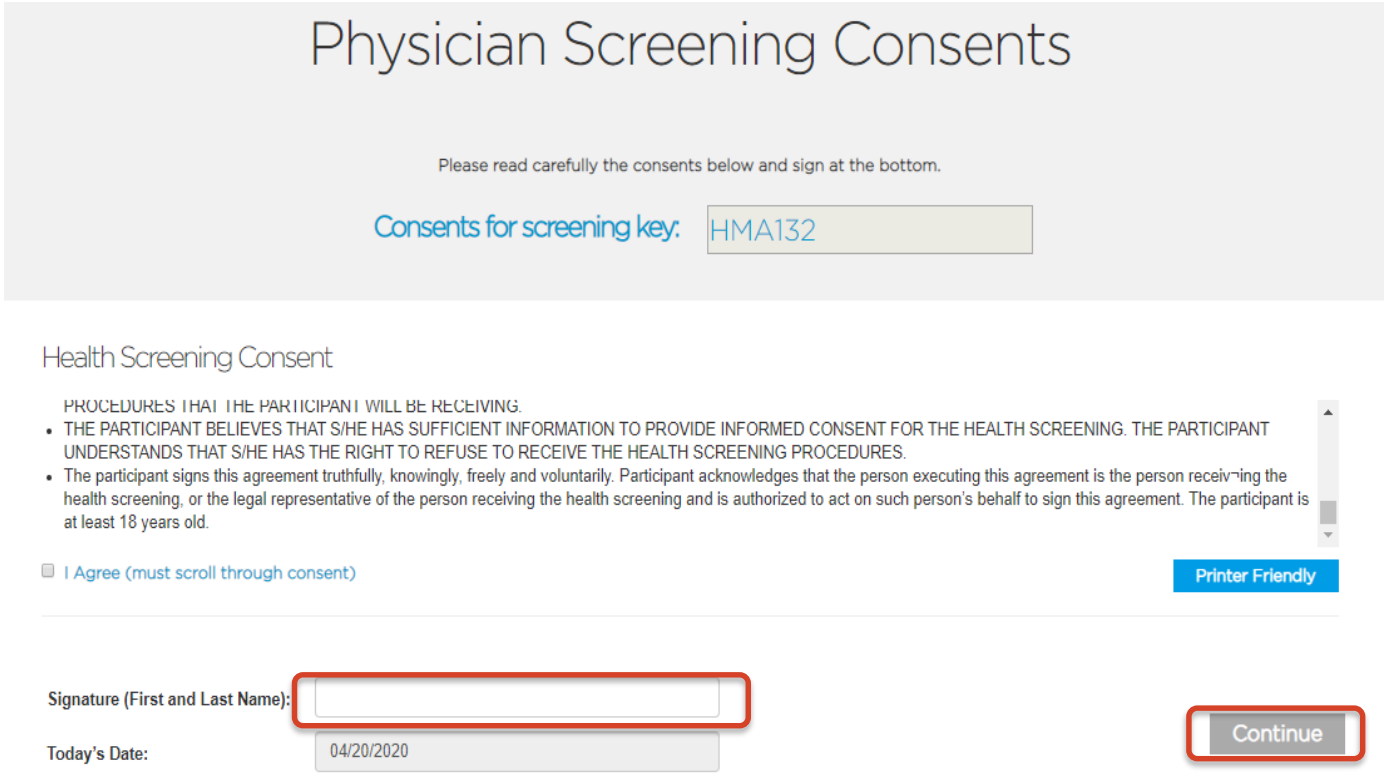
eHealthScreenings



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

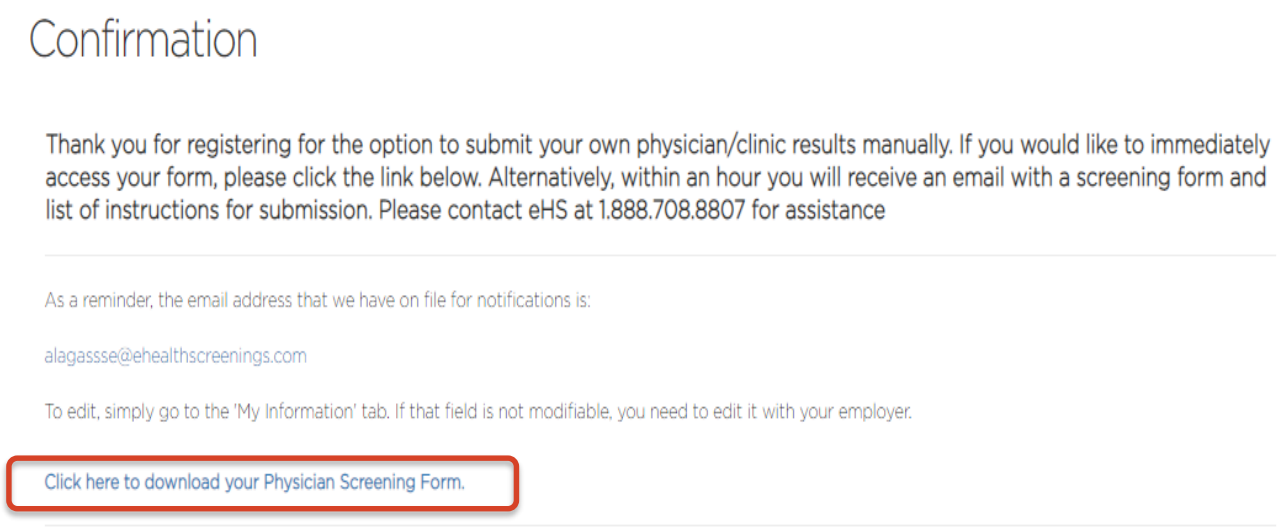


Step 5:

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

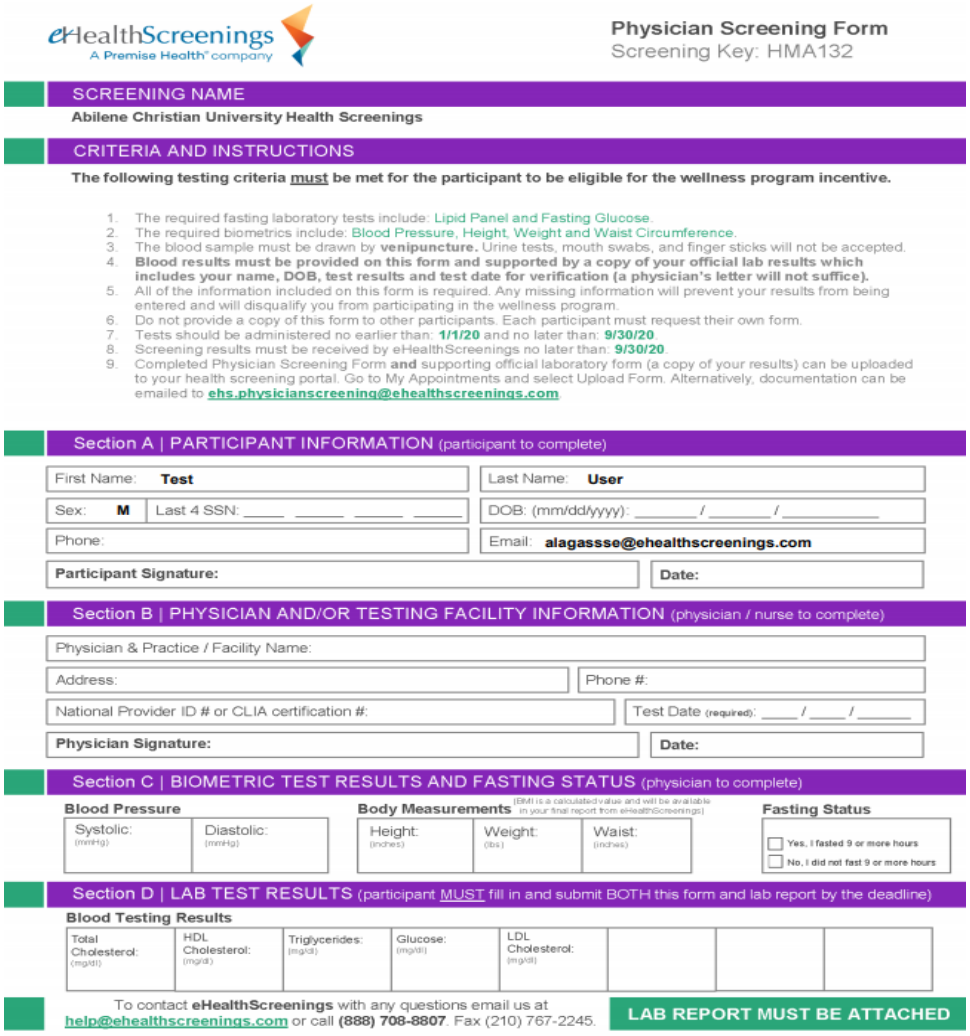


Step 6:

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



eHealthScreenings
A Premise Health company

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: **alagassse@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

Systolic: (mmHg) | Diastolic: (mmHg)

Body Measurements (BMI is a calculated value and will be available in your final report from eHealthScreenings)

Height: (inches) | Weight: (lbs) | Waist: (inches)

Fasting Status

☐ 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 structed 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