

Physician Results Form

Completed form must be faxed to 855-794-1391

Patient's Employer Wellness Program Information	
Company California Ironworkers Field Welfare Plan	QLS#: 97561321

Wellness Participant Completes		
Wellness Participant Name (Last, First, Middle Initial)	Email Address	
Anthem Blue Cross ID	Date of Birth (MM/DD/YYYY)	Phone
Address		
City	State	Zip Code
Wellness Participant Signature		Date

The information provided on this form will be kept confidential.

Physician Office Completes				
Date of Test (Required)	Testing and measurements must have been completed between these dates: January 15, 2015 - October 31, 2015			
Biometric Screening Measurement	Screening Values Enter NG for any result not available for reporting.			
Height (feet) (Required)		Height (inches) (Required)		Weight (lbs) (Required)
Blood Pressure (Required)	Systolic	Diastolic		
Glucose mg/dL (Required)			Total Cholesterol mg/dL (Required)	
Triglycerides mg/dL (Required)			LDL Cholesterol mg/dL (Required)	
HDL Cholesterol mg/dL (Required)				
Nicotine Status (Required)	<input type="checkbox"/> Nicotine User	<input type="checkbox"/> Nicotine Free	Please mark the box "Nicotine User" if the individual reports when asked that they currently use nicotine in any amount. Examples of nicotine include: Cigarettes, cigars, chewing, pipe, E-cigarettes, nicotine replacement therapy, etc.	

Physician Office – Below Information Must Be Complete to Process		
Physician or Physician Designee's Signature (Required)	Date	
Physician's Name (please print)	UPIN/NPI	Phone Number

Internal Use ONLY
Blueprint Project Name California Ironworkers Field 2015

Wellness Participant Information:

- Physician Results Form option is available for those participants who cannot participate at an on-site event or Patient Service Center. By submitting this form, you are requesting your physician to report laboratory and biometric results to Quest Diagnostics for your Health Risk Screening.
- You are responsible for ensuring your doctor returns this form by the deadline. Your results will not be processed if your form is received after 10/31/2015
- For an individual participant only **one** physician form can be submitted.
- Physician results **cannot** be combined with or used to override any actual measured results by Quest Diagnostics.
- For questions please contact the Blueprint for Wellness Customer Support Center by email at Wellness@QuestDiagnostics.com or by calling 866-908-9440 available (Monday – Friday 7 a.m. – 8:30 p.m. CST and Saturday 7:30 a.m. – 4 p.m. CST).