Blood-Work Vitals Report - Form B-WVR-MM1983

Patient's Name and Consent Signature:	
Physician's Printed Name and Signature:	

<u>Instructions to Physicians</u>: Your above-named patient is participating in a <u>Health Revitalization and Sustainment Initiative</u>. As part of the effort, you are asked to fill in the Baseline Readings captured from the results of the patient's physical or annual check-up. You are also asked to record your comments by placing a check mark under the appropriate column in the Physician's Comment section for each applicable category. Upon completion, please fax back to 1-888–614-9507. Thank you.

Category Target		Baseline/Previous		Current		PCP's Comment	
	Reading	Date	Reading	Date	Keep Up the Good Work	Let's Improve	
Weight	PCP Discretion						
BMI							
• Women	PCP Discretion						
• Men	PCP Discretion						
Heart Rate	60 - 100						
Cholesterol							
• TOTAL	< 200						
• LDL	< 100						
Blood Sugar (Fasting)							
Diabetic	< 150						
Non-Diabetic	70 - 120						
A1C							
• Diabetic	< 7.0%						
Non-Diabetic	< 5.7%						
	90 - < 140 /						
Blood Pressure	60 - < 90						
For Women Only:							
Mammogram	Non-						
Iviammogram	Suspicious Finding						
For Men Only:							
• Prostate	Non- Suspicious Finding						
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