Primary Care Provider Form



LARIMER COUNTY EMPLOYEE AND SPOUSE INSTRUCTIONS

If you were not able to receive a Catapult Health Preventive Checkup this year, you may have your Primary Care Provider report lab and biometric values to receive credit toward the Larimer County wellness incentive being offered. All information requested below must be completed in order for credit to be awarded. Once complete, you must return your completed forms to Catapult Health by 5:00 pm on September 30, 2019. Please follow the instructions at the bottom of this page.

This is your responsibility, not your provider's.

PATIENT AUTHORIZATION AND RELEASE

LDL Cholesterol

Glucose

Gender

With the understanding that my personal health information will only be shared as permitted and protected by law, I agree to the release of the information requested below from my Primary Care Provider to Catapult Health In order to complete requirements for my Company's wellness incentive. Catapult Health will securely store and may also disclose this medical information to me, to my physician(s), to my health plan, or a third party entity designated by my current or any future health plan or employer for use in health and disease management programs. I understand this information may be used to identify my health risks, to provide education regarding how to address my identified risks, and to possible contact me to promote participation in health and disease management programs.

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plan or employer for use in hea		•	. •		•
my health risks, to provide edu	cation regar	ding how to ad	dress my identified risks,	and to possible con	tact me to promote
participation in health and dise	ase manage	ment programs	S.		
PLEAS	E PRINT CLE	ARLY. If illegib	ole, your information wi	ill not be recorded.	ı
PATIENT'S NAME:			DATE: / /	DATE OF BIRTH:	/ /
PATIENT'S NAME:First	M.I.	Last	Mo / Day / Year		Mo / Day / Year
PATIENT'S SIGNATURE:					
PATIENT'S E-MAIL: (You will receive a confirmation email from Catapult F			EMPLOYEE ID:		
(You will receive	a confirmation	email from Catapul	t Health when your form is proce	essed.)	
ADDRESS:					
ADDRESS:Street or PC	Box		City	State	Zip
			•		·
PROVIDER INSTRUCTIONS					
Larimer County has partnered v	with Catapult	: Health to prov	vide worksite wellness init	tiatives. Lab tests cor	mpleted back to October
1, 2018 may be used to fulfill v	vellness incer	ntive requirem	ents. Please complete th	e information below	v and return this form to
your patient.			·		
☐ I certify that I've met with	thic nations	to rouiou and	d discuss their results. If	nationt is sociaa n	hysisian for their
	•		•		•
reasonable alternative stand	lard, they ar	e NOT require	ed to re-test their blood	to meet this requir	rement.
or					
☐ This patient has a medical	reason for l	peina exempt	from completina lab wo	ork.	
Provider's Name			Providers Signature		
Date of Tests	/	/	Did patient fast?	□ YE	S 🗆 NO
Height	feet	inches	Weight		lbs.
Abdominal Circumference		inches	Blood Pressure		/ mmHG
Total Cholesterol		mg/dL	HDL Cholesterol		mg/dL

This completed form must be <u>received</u> by Catapult Health by 5:00 pm on September 30, 2019 (Keep a copy for your records)

Triglycerides

Current Tobacco User?

MAIL TO: Catapult Health - PCP Form, 8144 Walnut Hill, Suite 1120, Dallas, TX 75231

☐ FEMALE

mg/dL

mg/dL

☐ MALE

☐ YES

mg/dL

□ NO