

Option 1

CSU Physician Form

(ANTHEM ENROLLED EMPLOYEE, SPOUSE, DOMESTIC PARTNER, CIVIL UNION PARTNER)



720-934-5588

In the event that you are not able to attend the 2016 CSU **FIT**life Health Fair, you may receive a no-cost Lipid/Glucose Panel blood draw at an in-network Anthem provider. Testing must be completed by December 31, 2016.

Full Name: _____ Phone #: _____

Date of Birth: _____ Today's Date: _____

Email: _____ Last 4 SSN: _____

Health Information

1. BLOOD PRESSURE: SYSTOLIC: _____ DIASTOLIC: _____

2. HEIGHT (FEET AND INCHES): _____

3. WEIGHT (INCHES): _____

4. GLUCOSES: _____ mg/dL

5. TRIGLYCERIDES: _____ mg/dL

6. TOTAL CHOLESTEROL: _____ mg/dL

7. HIGH DENSITY LIPOPROTEIN (HDL): _____ mg/dL

8. LOW DENSITY LIPOPROTEIN (LDL): _____ mg/dL

9. DATE TEST RESULTS COMPLETED: _____

(Must be between Jan. 1, 2016 and Dec. 31, 2016)

Healthcare Provider's Name (Printed): _____ Date: _____

Healthcare Provider's Name Signature: _____

ALL fields must be COMPLETE to achieve the
✓ Blood Draw / Biometrics wellness requirement

Fax this form to Preventive Health Now by Saturday, December 31, 2016

Fax: 303-974-5040