

OUTSIDE LABS FORM – 2021 LCC Incentive

Participant Instructions:

- List your email here so we can contact you. Email: _____
- This completed form **AND** a copy of the blood work results from your Primary Care Provider (PCP) must be faxed to St. Peter's Wellness at 447-2544. Official lab results **MUST BE ATTACHED** to this form.
 - Blood work results must include fasting glucose and total cholesterol and/or cholesterol ratio.
 - Blood work submitted from an outside source must be dated no earlier than November 2020.
 - Official office visit must be included for biometrics/vitals listed below or patient can come to St. Peter's Wellness for values.
- Online Health Question and Consent must be completed by calling 444-2128 or by visiting the following website: [Lewis and Clark County Screenings | St. Peter's Health \(sphealth.org\)](http://Lewis and Clark County Screenings | St. Peter's Health (sphealth.org))

Provider Instructions:

Your patient is participating in Lewis and Clark County Wellness Incentive that includes evaluation of blood screening results, along with biometrics and vitals. Please fill out all *required info and attach the necessary information in the form of official medical documentation that includes labs and vitals/biometrics.

PATIENT INFORMATION

*Patient's Last Name: _____ *Patient's First Name: _____ *Gender: _____
 *Patient's Phone #: () - _____ *Patient's DOB: / / *Date of Labs: / /

REQUIRED LABS/BIOMETRICS – ALL ARE REQUIRED* -- Can be obtained at SPH Wellness Department – 444-2128 or wellness@sphealth.org

- *Blood Panel** – Must include: Fasting Glucose and Total Cholesterol and/or Cholesterol Ratio
- *Ht/Wt and Waist (measure at navel) and Blood Pressure** – Attach official medical office visit for these values

SIGNATURES

Provider's Signature: _____ Provider's Office #: _____

<i>Screening Benchmarks</i>	<i>Criteria</i>	<i>Reasonable Alternative Goals</i>
Cholesterol	Total less than or equal to 200 or Ratio ≤ 5 (m) ≤ 4.5 (w)	Reduce total by 10 or ratio by 0.5 or into criteria range
Fasting Glucose	Fasting glucose ≤ 110	Reduce by 10 points or into criteria range
Waist Circumference	Waist Circumference ≤ 40 (m) ≤ 35 (w)	Reduce waist size by 2" or into criteria range
Blood Pressure	Less or equal to 135/85 (measurements used individually)	Reduce value by 5 points or into criteria range
Tobacco/Nicotine Status	Tobacco/Nicotine Free for at least 3 months	Complete Montana Quit Line program and submit certificate