



## Primary Care Provider Form

Fax this form AND medical visit documentation to: 447-2544



### PARTICIPANT INSTRUCTIONS:

Share your screening results with your Primary Care Provider (PCP) and recheck screening benchmarks that did not meet criteria. Fax an official copy of a medical visit that lists the improved values for any adverse criteria values. You will be notified via email that we received the documentation. The medical visit must be dated **after** your LCC Wellness Screening. Remember, you can recheck all adverse values by scheduling an appointment with St. Peter's Wellness Services by calling 444-2128. You are welcome to hand deliver the medical visit documentation to our office.

**This form and any documentation of goals met are due by October 31<sup>st</sup>, 2025.**

### PATIENT INFORMATION:

Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_ Patient DOB: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Patient Email: \_\_\_\_\_

### PROVIDER INSTRUCTIONS:

Your patient is participating in the 2025 Lewis and Clark County Incentive that requires a wellness screening through St. Peter's Health Wellness Services. A reasonable alternative to any adverse values for cholesterol, fasting glucose, blood pressure, and waist associated with the patient's screening results can be submitted from your office. Improved values must be officially documented. **We will not accept handwritten values due to the incentive associated with meeting the requirements.** For your patient to remain compliant with this year's Wellness Incentive, please attach the copy of the office visit that shows the goal improvement for any one or more adverse criteria. Please see goal requirements below.

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

\*Call Wellness at 406-444-2128 for information on Health Coaching for Hypertension and/or Tobacco Cessation classes for goal completion

Provider's Name: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

PLEASE PRINT

Provider's Signature: \_\_\_\_\_