

Health Screening Form Instructions

It's important for you to "know your numbers" to manage your health. Your cholesterol, blood pressure, glucose and body mass index (BMI, which is calculated using your height and weight) are key indicators of your health and your risk for illness.

By submitting your results to RedBrick Health, you'll get more informed recommendations about your health. To receive credit for your health screening, your tests must be completed between October 1, 2015 – September 15, 2016.

Step 1: Obtaining your health screening results

If you have completed a health screening since October 1, 2015, you can ask your provider to complete the Health Screening Form using those results. If not, schedule an appointment with your health care provider to have a screening conducted. Be sure to bring the Health Screening Form with you to your appointment.

Step 2: Completing the Health Screening Form

Once the lab values are available, your provider should complete and sign the form. Either you or your provider can submit it to RedBrick. If your provider submits the form on your behalf, request a copy for your records.

Step 3: Submitting the Health Screening Form

Mail or fax the completed form to RedBrick using the contact information at the bottom of the form. The form will be processed within 10 business days of receipt if all of the necessary information is included. To receive credit for your health screening, submit your Health Screening Form to RedBrick Health by September 15, 2016.

If you have questions, call RedBrick Health at 877-263-3554.

If it is unreasonably difficult or medically inadvisable, due to a medical condition, for you to achieve or attempt to achieve the standards for this program, call RedBrick Health.

Your privacy is very important to us. That's why we continuously update our information systems to keep your data safe. Our Privacy Policy is based on these seven basic principles:

1. We always comply with our Privacy Policy and all applicable laws.
2. We will only use and disclose your Protected Health Information, which includes your Health Assessment and screening results, in compliance with the HIPAA Privacy Rule and all applicable laws.
3. We will only disclose your Protected Health Information to organizations that assist us in providing our services to you and only if they have agreed to protect your information in compliance with our Privacy Policy, the HIPAA privacy & security rules, and all applicable laws.
4. Your information will **never** be sold or given to a third party for marketing purposes.
5. Your personalized programs and information are available to you through a secure, password-protected website.
6. We will provide information to allow your employer to administer the program (e.g., pay incentives to you).
7. We will not disclose your Protected Health Information to your employer except with your consent or as required by law, and your employer may not use your Protected Health Information for any employment related purposes.

Want to know more? Feel free to read the full Privacy Policy statement on RedBrickHealth.com/login.

NOTE: The form should be completed in **CAPITAL LETTERS** using the entire box A B C D

First Name

Last name

Company/Organization

E-mail

Phone (no dashes)

Birth Date mm-dd-yyyy - -

Health Care Provider - Please complete the following information.

Your patient is involved in a wellness program. One component of this program is participation in a health screening. Please provide the following screening results and return this form back to your patient. You or your patient may submit this form to RedBrick Health by following the instruction below.

If a result is outside of the healthy range listed on the first page, but is healthy for this individual, check the box and initial for the measure.

<input type="checkbox"/>	_____	Date of Screening	<input type="text"/> - <input type="text"/> - <input type="text"/>
		<small>mm-dd-yyyy</small>	
<input type="checkbox"/>	_____	Height	<input type="text"/> feet <input type="text"/> inches
<input type="checkbox"/>	_____	Weight	<input type="text"/> pounds
<input type="checkbox"/>	_____	Waist Circumference	<input type="text"/> inches
<input type="checkbox"/>	_____	BMI (Body Mass Index)	<input type="text"/>
<input type="checkbox"/>	_____	Blood Pressure	<input type="text"/> / <input type="text"/> mmHg
<input type="checkbox"/>	_____	Total Cholesterol	<input type="text"/> mg/dL
<input type="checkbox"/>	_____	HDL	<input type="text"/> mg/dL
<input type="checkbox"/>	_____	LDL	<input type="text"/> mg/dL
<input type="checkbox"/>	_____	non-HDL	<input type="text"/> mg/dL
<input type="checkbox"/>	_____	TC/HDL Ratio	<input type="text"/>
<input type="checkbox"/>	_____	Triglycerides	<input type="text"/> mg/dL
<input type="checkbox"/>	_____	Enter either Glucose or A1C	
<input type="checkbox"/>	_____	Glucose	<input type="text"/> mg/dL OR A1C <input type="text"/> %
<input type="checkbox"/>	_____		

Fasted for at least nine hours?
 Yes No

Health care provider name: _____

Health care provider signature: _____

Health care provider phone (no dashes):

Please send this form to RedBrick Health Fax: 844-343-2709

Please allow up to 10 business days for processing before results will appear in your wellness account.

RedBrick Health
 PO Box 2260
 Minneapolis, MN. 55402-0260

