

# Physician Health Screening Form

Your patient is taking part in Healthy OHIO- Ohio University's wellness initiative. He/she needs the measurements and fasting lab values below in order to complete a Personal Wellness Profile™. Values are only valid if performed **within the last three months**. Please fill in any lab values that you have and return to your patient. Thank you for your assistance.

Patient's Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date lab values/measurements taken: \_\_\_\_/\_\_\_\_/\_\_\_\_

Frame Size: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Waist Girth: \_\_\_\_\_

Hip Girth: \_\_\_\_\_

Body Fat Percentage: \_\_\_\_\_

Blood Glucose: \_\_\_\_\_

Total Cholesterol: \_\_\_\_\_

High Density Lipoprotein (HDL): \_\_\_\_\_

Low Density Lipoprotein (LDL): \_\_\_\_\_

Triglycerides: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

HbA1c: \_\_\_\_\_

\_\_\_\_\_  
Health Care Professional's Signature

\_\_\_\_\_  
Date

Healthy  
OHIO



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UNIVERSITY