

Wellness Exam Verification Form

To encourage a healthy relationship with a primary care physician, our employees receive incentives for having received the appropriate wellness exam.

Name (Last, First):		DOB (mm/dd/yyyy):	
Gender: Male	Female	Relationship to Policyholder: Self	Dependent
Address (Street, City, State, Zip):			
Email:		Best Telephone #:	
Employer Name: Putnam County School District			
Primary Care Physician Name:		Primary Care Physician Phone:	

Would you like a verification of receipt of this form sent to the above email? Yes No

Authorization to Release Protected Health Information to my Employer

I understand that by submitting this form, Vital Incite will be reporting to my employer the following information: My Name, DOB, If I have verified that I have received my annual physical by submitting this form. No other personal information will be shared.

Signature: _____ Date: _____

Physician Completes Section Below

Total Cholesterol		Blood Pressure	
HDL		Pulse	
Triglycerides		Height	
LDL		Weight	
A1c		Waist Circumference	
		Minutes of Activity/ Wk	

Does the individual use tobacco or any form of nicotine?	Yes	No
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Previous Annual Physical date:	Date of Today's Exam:
Next physical recommended by MD in years: 1 2 3 4 5 6 7 8 9 10	

Behavior Health Goals to Follow Up	
<input type="checkbox"/> Weight Management	<input type="checkbox"/> Tobacco Cessation
<input type="checkbox"/> Exercise	<input type="checkbox"/> HTN Management
<input type="checkbox"/> Depression/Anxiety	<input type="checkbox"/> Diabetes/Pre-Diabetes
<input type="checkbox"/> Sleep	<input type="checkbox"/> Asthma Control
<input type="checkbox"/> Other :	

Primary Care Doctor Signature: _____ Date _____

Please use Z00.00 for the DX code and procedure codes 99381-99387 or 99391-99397 to code for the wellness physical.

Please submit this form to Vital Incite at: fax- 317-660-7994 or scan and e-mail to Admin@vitalincite.com.

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Recommended Wellness Screens based on CDC guidelines

Your MD will advise you in what is required for your best care, it is always best to follow your physician's advice.

MEN

Recommended Care	Ages 18-39	Ages 40-49	Ages 50- above
Regular MD Health Exam	Every 2-5 years	Every 2 years	Yearly
Blood Pressure	Yearly		
Skin Mole Exam	Self-exam after age of 20	Yearly as part of doctor visit	
Cholesterol Test	Every 5 years after age 35 unless other issues are identified		
Testicular Exams	Talk to your doctor		
Hearing Test	Every 10 years		Every 3 years
Digital Rectal Exam	n/a	Talk to your doctor	
Eye Exam	n/a	Every 1-2 years	
Blood Glucose or A1c test	n/a	Every 3 years after age 45	
Bone Density	n/a	n/a	Talk to your doctor
Colonoscopy	n/a	n/a	Every 10 years
Prostate-specific Antigen (PSA)	n/a	Talk to your doctor	Yearly

WOMEN

Recommended Care	Ages 18-39	Ages 40-49	Ages 50- above
Regular MD Health Exam	Yearly		
Blood Pressure	Yearly		
Pap Test	Yearly		
Pelvic Exam	Yearly		
Cholesterol Test	Every 5 years after age 35		
Skin Mole Exam	Self-exam after age of 20	Yearly during doctor visit	
Clinical Breast Exams	Every 3 years	Yearly	
Mammogram	Every 1-2 years after age of 35		Yearly
Hearing Test	Every 10 years		Every 3 years
Eye Exam	n/a	Every 1-2 years after age 40	
Blood Glucose or A1c test	n/a	Every 3 years after age 45	
Bone Density	n/a		Every 2 years after the age of 60
Colonoscopy	n/a		Every 10 years