

Primary Care Provider Form



CITY OF SAN MARCOS EMPLOYEE INSTRUCTIONS

If you do not choose to receive a Catapult Health Preventive Checkup this year, you may have your Primary Care Provider report lab and biometric values to receive credit toward the City of San Marcos wellness incentive being offered. All information requested below must be completed in order for credit to be awarded. Once complete, you must return your completed forms to Catapult Health by 5:00 pm on August 31, 2016. Please follow the instructions at the bottom of this page. **This is your responsibility, not your provider's.**

PATIENT AUTHORIZATION AND RELEASE

With the understanding that my personal health information will only be shared as permitted and protected by law, I agree to the release of the information requested below from my Primary Care Provider to Catapult Health in order to complete requirements for my Company's wellness incentive. Catapult Health will securely store and may also disclose this medical information to me, to my physician(s), to my health plan, or a third party entity designated by my current or any future health plan or employer for use in health and disease management programs. I understand this information may be used to identify my health risks, to provide education regarding how to address my identified risks, and to possibly contact me to promote participation in health and disease management programs.

PATIENT'S NAME: _____ DATE: _____ DATE OF BIRTH: _____

PATIENT'S SIGNATURE: _____ PHONE NUMBER: _____

PATIENT'S E-MAIL: _____ EMPLOYEE ID: _____

PROVIDER INSTRUCTIONS

The City of San Marcos has partnered with Catapult Health to provide worksite wellness initiatives. Lab tests completed between January 1, 2016 and August 31, 2016 may be used to fulfill wellness incentive requirements. Please complete the information below and return this form to your patient.

Provider's Name		Provider's Signature	
Date of Tests		Did patient fast?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Total Cholesterol	mg/dL	HDL Cholesterol	mg/dL
Triglycerides	mg/dL	LDL Cholesterol	mg/dL
Glucose	mg/dL	A1C (optional)	%
Height	feet inches	Weight	lbs.
Abdominal Circumference	inches	Blood Pressure	/

This completed form must be received by Catapult Health by 5:00 pm on August 31, 2016

VIA MAIL: Catapult Health - PCP Form, 8144 Walnut Hill, Suite 1120, Dallas, TX 75231

VIA FAX: 877-885-9904 (no cover page is needed)