Primary Care Provider Form

UNIVERSITY OF NEW MEXICO EMPLOYEE & SPOUSE/DOMESTIC PARTNER INSTRUCTIONS

If you were not able 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 University of New Mexico 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 October 6, 2017. 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 UNM's wellness incentive. Catapult Health will securely store and may also disclose this medical information to me, to my physician(s), or to my UNM Medical Plan third-party administrator for claims processing. I understand UNM will not receive my individual medical information but will receive my UNM Banner ID, Name, DOB, and date of screenings or date of PCP form to administer my wellness incentive. UNM will also receive aggregate reports from Catapult Health and UNM's third party benefits consultant's data warehouse contractor. I understand this information may be used by my physician to identify my health risks and to provide education regarding how to address my identified risks

PLEASE PRINT CLEARLY. If illegible, your information will not be recorded.

PATIENT'S NAME:_____ **DATE:**____/____/_____ **DATE OF BIRTH:** _____/____/_____
First M.I. Last Mo / Day / Year Mo / Day / Year

PATIENT'S SIGNATURE: _____ **PHONE NUMBER:** (_____) _____-_____

PATIENT'S E-MAIL: _____ **UNM Banner ID:** _____
(You will receive a confirmation email from Catapult Health when your form is processed) (If Spouse/Domestic Partner, provide UNM employee Banner ID)

ADDRESS: _____
Street or PO Box City State Zip

PROVIDER INSTRUCTIONS

University of New Mexico has partnered with Catapult Health to provide worksite wellness initiatives. Lab tests completed January 1, 2017 through October 6, 2017 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?**	☐ YES ☐ 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**	/
Gender	☐ FEMALE ☐ MALE		

This completed form must be received by Catapult Health by 5:00 pm on October 6, 2017. Please mail to: Catapult Health - PCP Form, 8144 Walnut Hill, Suite 1120, Dallas, TX 75231

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