2024 Stanislaus Food Products Primary Care Provider Form

TOTALWELLNESS

Instructions:
1. Complete all participant information, including email, and sign the form.
2. Visit your health care provider for a biometric screening and take this form.
3. Ask your provider to complete the Biometric Information section using results obtained between **1/1/2024** and **10/18/2024** and sign the form.
4. Submit form once, using one method listed below. Forms must be submitted by **10/18/2024**. Forms received after the deadline will not be accepted.
   a. **Preferred Method:** Securely upload online at https://www.totalwellnesshealth.com/gravity-landing/stanislaus-food-products-pcp-form/.
   b. Fax securely to 402-939-0458.
   c. Mail to TotalWellness, Attn: Data Team, 9320 H Court, Omaha, NE 68127. Forms must be received by **10/18/2024**. Please allow time for mailing.
5. Within 5 business days of form submission, a confirmation email will be sent to the email listed below. If a confirmation email is not received after 5 business days, please resubmit your form.

PARTICIPANT INFORMATION

Participant First Name:

Participant Last Name:

Participant Date of Birth: (mm/dd/yyyy)

Email: (Required to provide confirmation of form receipt.)

Gender:	○ Male	○ Female
Have you fasted for at least 9 hours? *(No food. Only water permitted.)*	○ Yes	○ No
Are you pregnant? *(Females Only)*	○ Yes	○ No
Have you used tobacco/nicotine products (including vaping) within the past 90 days?	○ Yes	○ No

BIOMETRIC SCREENING INFORMATION

Date of Screening: (mm/dd/yyyy)
(Acceptable Date Range: 1/1/2024-10/18/2024)

Blood Pressure:
Systolic / Diastolic

Height:
Ft. Inches

Weight:
Lbs.

Waist:
Inches

Glucose:

Total Cholesterol:

HDL:

LDL:

Triglycerides:

Physician Printed Name:_____ Physician Phone Number:_____

Physician Signature:_____ Date:_____

CONSENT

Participant Printed Name:_____ Date:_____

Participant Signature:_____