For 2018 Premiums

# KNOWLEDGE YOU NEED
## Biometrics Form

HC21 HealthCare 21 SOLUTIONS

**FORM INSTRUCTIONS**
This form is not valid unless **ALL** information is complete.
Any answer left blank in **Section C** will be considered **False**.

For Preferred 2018 Premiums, forms are due between
**Oct. 1, 2016** and **Sept. 30, 2017.**

**FAX the completed form to Secure FAX: 865-312-6724**

**Please keep a copy for your files**

HC21 Solutions
KYN – Knox County
625 Market St., Ste. 900
Knoxville, TN 37902

**SECTION A** **Personal Information (to be completed by YOU)**

First Name | Last Name | MI

Birthdate (__/__/____) | Last 4 of SSN | ○ Male ○ Female | ○ Employee ○ Spouse

Address

City | State | Zip

Primary Phone (___) ___-____

Email Address

**SECTION B** **Biometric Assessment (section MUST be completed by a CLINICIAN)**

Total Cholesterol

LDL Cholesterol

HDL Cholesterol

Triglyceride Level

Fasting Glucose

Blood Pressure ___/___

Height (inches)

Weight (lbs)

BMI ___.___

Waist Circumference ___ inches

__/__/____ Appointment Date

Provider Printed Name

Provider Signature

3 201800 000017

**Known Chronic Illnesses (check all that apply):**

○ Diabetes ○ Asthma ○ Heart Disease ○ Hypertension ○ Hyperlipidemia

Other:

**SECTION C** **Guide to Better Health (to be completed by YOU)**

| | | | |
|---|---|---|---|
| I am currently Pregnant | ○ True | ○ False | ○ N/A |
| I take an Aspirin Daily, if physician recommended (men 40+, postmenopausal women) | ○ True | ○ False | ○ N/A |
| I routinely have a Colorectal Cancer Screening (adults 50+ or any age where at risk) | ○ True | ○ False | ○ N/A |
| I have had an Influenza Immunization in the last 12 months (adults 50+ yearly) | ○ True | ○ False | ○ N/A |
| I have had a Pap Smear in the last 3 years (women 21+ or onset of sexual activity) | ○ True | ○ False | ○ N/A |
| I have had a Mammogram in the last 2 years (women 50+ or any age where at risk) | ○ True | ○ False | ○ N/A |
| I am a Smoker or Smokeless tobacco user | ○ True | ○ False | |
| I have a Primary Care Doctor | ○ True | ○ False | |

My Overall Health is ○ Excellent ○ Good ○ Fair ○ Poor

I am Satisfied with my Life ○ Strongly Agree ○ Agree ○ Neutral ○ Disagree ○ Strongly Disagree

How many drinks containing Alcohol do you consume per Week on average? ___

How many days per Week do you get at least 30 minutes of Cardio Exercise on average? ___

*By signing, I authorize the disclosure of my health screening results to HC21 Solutions, a third party providing health risk analysis and other services related to illness management. All information released to HC21 Solutions will be protected in accordance with any applicable law. I understand that information contained on this form may be used to determine eligibility for program incentives managed by my employer.*

Patient Signature _____ Date __/__/____