



Physician Results Form

Orbitform

Print Name _____ Date of Birth _____

Orbitform is offering the It's Your Life health management program. Staff who wish to complete the health screen at their physician's office may submit this form by the deadline of April 16, 2021 to fulfill their health screen requirements.

Height, weight and blood pressure measurements and lab values (cholesterol, triglycerides and glucose) must be completed January 1, 2020 or later to qualify.

Please have your physician's office indicate the value and date of service below.

Table with 3 columns: Measurement, Result (value and units), Date of Service (must be January 1, 2020 or later). Rows include Blood Pressure (Systolic, Diastolic), Height and Weight, and Labs (Total Cholesterol, HDL Cholesterol, LDL Cholesterol, Triglycerides, Glucose).

*Your physician's office may require you to sign a waiver releasing information to Henry Ford Allegiance Health's Department of Prevention and Community Health. All personal health information provided will remain confidential and secure.

Physician name _____ Physician Signature _____

Completed forms may be returned by fax or mail to:

HFAH Prevention and Community Health
One Jackson Square, 9th floor
Jackson, MI 49201
Phone: (517) 205-7495, Fax: (517) 205-5941