



PHYSICIAN SCREENING FORM

Instructions

RelaDyne

Annual PCP Program

Thank you for choosing to participate in the wellness program being offered through your company. If you have chosen to complete your biometric screening at your personal physician's office, please follow the steps below to receive credit:

Step 1: Have Your Doctor Complete the Physician Screening Results Form

- Provide a copy of the Physician Screening Results Form to your doctor
- Have your physician complete the form with your biometric results

Step 2: Submit Physician Screening Results Form to HealthWorks

- After your appointment, you or your physician must submit your completed form to HealthWorks by any of these 3 options:
 - Fax to: 513-751-0018
 - Email to: offsite@cincyhealthworks.com
 - Mail to: 4350 Glendale-Milford Road, Suite 110, Blue Ash, OH 45242

Thank you,

The HealthWorks Team

Questions? Call HealthWorks at 513-751-1288
Or email offsite@cincyhealthworks.com

Health**Works**
Building **Healthy** Worksites



PHYSICIAN SCREENING FORM

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PERSONAL INFORMATION

Full Name :
(USE CAPITAL LETTERS)

Date Of Birth : ____/____/____ Gender : ☐ Male ☐ Female

Home Address : _____

Phone Number : _____ E-Mail : _____

Last 4 SSN : _____

☐ I am an employee ☐ I am a spouse of an employee (employee name): _____

RELEASE OF INFORMATION

I, _____ (patient name), grant permission to Dr. _____ (physician name) to share my lab results, blood pressure, height, weight, and waist circumference measurements with HealthWorks. I understand that my information will not be shared directly with my employer and that HealthWorks adheres to all HIPAA regulations.

Fasting : ☐ Yes ☐ No Patient Signature : _____

Pregnant : ☐ Yes ☐ No Date : _____

Tobacco User : ☐ Yes ☐ No

Diabetic : ☐ Yes ☐ No

PATIENT RESULTS (to be completed by physician)

Glucose : <input type="text"/>	LDL : <input type="text"/>	Height : <input type="text"/> Inches
Total Cholesterol : <input type="text"/>	A1-C : <input type="text"/>	Weight : <input type="text"/> Pounds
Triglycerides : <input type="text"/>	Blood Pressure : <input type="text"/>	Waist : <input type="text"/> Inches
HDL : <input type="text"/>	Systolic : <input type="text"/>	
	Diastolic : <input type="text"/>	

Physician Name :

Physician Address : _____

Phone Number : _____

Physician Signature : _____ Date : _____

Please Note - Form MUST be submitted to HealthWorks for credit:

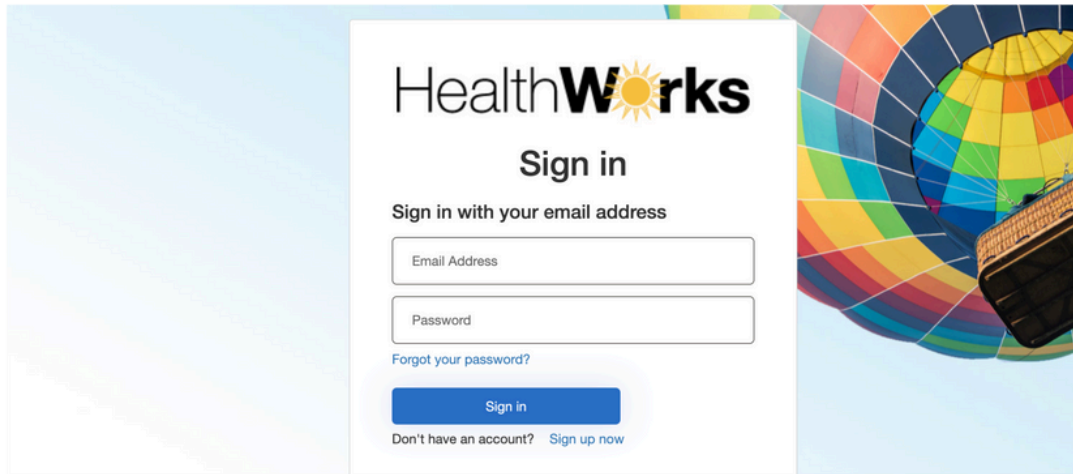
- Scan/Email to: offsite@cincyhealthworks.com
- Fax to: (513) 751-0018
- Mail to: HealthWorks, 4350 Glendale-Milford Road, Suite 110, Blue Ash, OH 45242

Questions? Call HealthWorks at 513-751-1288

HealthWorks
Building Healthy Worksites

Wellness Portal How to Login

Welcome to the myHealthWorks portal. Your company is inviting you to view your account, where you can access many of the activities included in your company's wellness program. Here's how:



- Go to **myHealthWorksportal.com**
- **Username:** your company provided us with your email that you can use to sign in (*Note - if the email you try doesn't match what your employer provided to us, you will get the following notice: "We can't seem to find your account"; please see your HR manager*)
- **Password:** is the word **Welcome** (*case sensitive*) and your date of birth and the last four digits of your social security number in this format: **Welcome-(date of birth: YYYY-MM-DD)-(last 4 SSN)**
 - For example, if your date of birth is January 1, 1970, and the last 4 of your SSN is 1234, your password would be: Welcome-1970-01-01-1234
- Once you have registered with your email and password above, we encourage you to logout to change this password, using the 'Forgot your password?' link on the login page

Questions?

Contact HealthWorks at 513-751-1288

OR: email **info@cincyhealthworks.com**