

Health Screening Results Form

Last Name

First Name

Date of Birth: _____ Gender (circle one): M F

Attend a health screening or visit your doctor to determine the health information requested below. The information will be entered by your doctor or a health screening provider.

Section I. Patient Information

- Use the information to complete your Health Assessment:
 - You can access your NC HealthSmart Personal Health Portal by typing in the following URL address online: www.shpnc.org, click on NC HealthSmart Wellness Programs, click on Personal Health Portal.
 - You can also complete your Health Assessment by phoning 1-800-817-7044.
- Get ongoing support for your healthy living goals. Schedule a call with a personal health coach by calling 1-800-817-7044.
- For wellness resources visit www.shpnc.org and click on NC HealthSmart Wellness Programs.

Section II. Medical Office Health Screening Results

Please complete the information below and return to the patient.

Measure	Value
Date of Screening:	_____
Height	___ feet ___ inches
Weight	_____ pounds
Waist Circumference	_____ inches
Body Mass Index	_____ kg/m ²
Blood Pressure	Systolic: ___ mmHg Diastolic: ___ mmHg
___ Blood Glucose	_____ mg/dL
Or if Diabetic:	
___ HbA1c	
Cholesterol	Total: _____ mg/dL LDL: _____ mg/dL HDL: _____ mg/dL Triglycerides: _____ mg/dL