

ALTERNATIVE SCREENING FORM

This form is intended to use data captured at your annual physical to satisfy your biometric screening.

INSTRUCTIONS

STEP 1: Take this form with you to your annual physical with primary provider and collect the required data from your primary care provider.

STEP 2: Email the completed form to tmctavish@captivehealth.org along with a copy of your lab results by 11/30/2025.

IMPORTANT: Medical insurance typically covers one physical per year. This alternative screening option is meant to capture data from your annual physical. Please do not schedule an additional appointment with your physician to complete this form, as it may not be covered by insurance.

PARTICIPANT INFO	Employer:	TrueNorth
	Participant Name:	
	Date of Birth:	
	Email Address:	
	Phone Number:	

PROVIDER INFO	Provider Name:	
	Name of Clinic:	
	Date of Exam:	
	Provider Signature:	

BIOMETRIC DATA (to be completed by provider)	Patient Fasting?	☐ Yes ☐ No	Glucose:	ATTACH RESULTS
	Patient Pregnant?	☐ Yes ☐ No	Total Cholesterol:	ATTACH RESULTS
	Blood Pressure:		HDL:	ATTACH RESULTS
	Height: (to the quarter-inch)		LDL:	ATTACH RESULTS
	Weight:		Triglycerides:	ATTACH RESULTS
	Waist: (1" above navel, to the quarter inch)		PSA: (Optional for males 45+)	ATTACH RESULTS

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