

First Name:

Last Name:

Date of Birth:

 /  / 

AHSN / Spouse Member #:

 A  H     

Date of Physical:

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Gender:

☐ Male ☐ Female

Relationship:

☐ Employee ☐ Spouse

Is the patient pregnant at the time of this exam:

☐ Yes ☐ No ☐ N/A

**PROVIDER:** Please conduct a comprehensive physical on your patient using the USPTF guidelines as your guide. The N Good Health wellness program needs only certain data points from the physical you conduct, which are listed on this form. Please complete this form in its entirety for Norton Healthcare employees and their spouses age 18 or older. The cost for this physical is subject to the patient's current medical plan benefits.

## Vitals:

Blood Pressure: (mm Hg)

 / 

Weight: (lbs)

   

Height: (in)

  

 BMI: (kg/m<sup>2</sup>)

  

Waist: (in)

  

## Blood Lipid and Blood Glucose Results:

☐ Fasting ☐ Non Fasting

Lipid Test Date:

 /  / 

Triglycerides:

   mg/dl

Total Cholesterol:

   mg/dl

HDL-C:

   mg/dl

LDL-C:

   mg/dl

Glucose Test Date:

 /  / 

Blood Glucose:

   mg/dl

HbA1c Test Date:

 /  / 

Hemoglobin A1c:

   %

If ever measured, record the most recent HbA1c or repeat if clinically indicated.

Does the patient self-report nicotine use?

☐ Yes ☐ No

\* All nicotine users must complete a tobacco cessation program each year.

## Tobacco Test Results: (For Norton Healthcare PCP & ICC use only)

**Attention Non-Norton providers:** Do not conduct a nicotine screening. Tell the patient to call (502) 629-1234 for screening locations and hours. A nicotine screening is not required for patients with prior negative test results. Self-reported tobacco use replaces the need for nicotine screening.

Nicotine Test Date:

 /  / 

Simple Nicotine Results:

☐ Negative ☐ Positive

Anabasine Test Date:

 /  / 

Anabasine Results:

 ng/ml

Note: All positive results will be confirmed through a nicotine/cotinine metabolites urine test. If applicable, record the patient's anabasine urine result as reported from the nicotine/cotinine metabolites test. Please record exact result measured.

Scan this completed form to the Norton Healthcare N Good Health Department.

Email: [ngoodhealth@nortonhealthcare.org](mailto:ngoodhealth@nortonhealthcare.org)

Physician / Provider's Full Name:

National Provider Number:

Physician / Provider's Signature

Date Signed:

If you are participating in the Norton Healthcare N Good Health wellness program, health information you provide as part of this program, as well as personal demographic information and any medical test results, will be used by internal wellness staff and their agents or third-party administrators for assistance in your success in the program. Your medical information may be used to provide you with internal outreach and wellness program marketing in order to assist you in your progress in the program. Your medical information will not otherwise be shared with or accessible to Human Resources or used for any employment actions or decisions. Information about your eligibility for future benefit discounts and/or credits specific to this program may be shared with Payroll in order to credit your account. If it is unreasonably difficult or inadvisable due to a medical condition for you to complete the N Good Health program to earn points, you may complete a medical exclusion form in order to qualify for them. Call the N Good Health Department at (502) 629-2162 for the form or answers to any questions.

## **GINA AUTHORIZATION**

Norton Healthcare offers a wellness program to certain of our employees and their dependents. As part of the wellness program, spouses are invited to complete a voluntary health risk assessment (HRA) through which the spouse will provide information about his or her health history, health status or both. We may provide financial or other incentives to employees whose spouses participate in the HRA.

**Your participation in the HRA is voluntary.** You are not required to participate in the HRA.

**We'll use the health information you provide to help you.** Findings gathered from the HRA will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer health-related services to you.

**Your health information is confidential.** We are required by law to maintain the privacy and security of your personally identifiable health information. Unless we are conducting the HRA, the medical information collected will not be available to us in a way that allows us to identify you or the employee. However, we may use aggregate or summary (e.g., de-identified) information from the HRA to design or provide additional health services. Any individually identifiable medical information we obtain through the wellness program will be maintained separate from personnel records, information stored electronically will be encrypted, and no information you provide will be used in making employment decisions. Appropriate precautions will be taken to avoid a data breach, and in the event a data breach occurs, involving information you provide in connection with the wellness program, we will notify you promptly after learning of the breach.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program (including the health plan which it is a part of), and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or our provision of an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program is required to abide by the same confidentiality requirements. In addition to you, the only individuals who will receive your personally identifiable health information will be licensed health care professions and board certified genetic counselors in order to provide you with health or genetic services under the wellness program. We may disclose your information as necessary to respond to a request from you for a reasonable accommodation to allow you to participate in the wellness program, or as expressly permitted by law.