

Community Provider Form

If you choose to have your annual exam* at an outside facility, please have your provider complete this form and return to the Elmbrook Schools Family Wellness Center. This form is for wellness center only, not for direct lab use.

Your community annual exam and wellness center health review must be completed between 11-1-2023 and 10-31-2024. The following forms are required to accompany you to these visits.

* Discussion of other healthcare conditions or questions may not be covered at an annual exam performed outside of the wellness center, and you may incur a charge. Additionally, an annual exam performed at the wellness center fulfills the insurance allowance for the annual wellness exam coverage, and additional annual exams may incur a charge if performed outside of the wellness center.



Patient to complete:

To allow an annual exam performed by your healthcare provider to satisfy your employer wellness incentive, please complete the information below and have your provider sign where indicated. Bring the signed form with you to your Elmbrook Schools Family Wellness Center at your annual wellness health review.

Participant name: _____ Participant status: Employee Spouse

Participant date of birth: _____ Participant phone: _____

Participant email: _____

I authorize my healthcare provider to release the requested information in compliance with my employer's voluntary wellness program:

Patient signature: _____ Date: _____

Provider to complete:

By signing below, I affirm that I have performed the annual exam, and I have reviewed current recommendations for preventative maintenance specific to the patient.

Provider facility: _____ Date of Exam: _____

City: _____ State: _____

Provider printed name: _____ Phone: _____

Provider signature: _____ Date: _____

Labs:

Please discuss with your provider the labs that are recommended with your annual exam. **With your insurance, you are able to get no cost labwork completed at the Elmbrook Schools Family Wellness Center.** Please bring these lab orders with you, or have the lab orders faxed to 855-475-8219 to be completed at your health review appointment.

To schedule an appointment, call the wellness center at 262-214-1101.



BRIDGE THE GAP ITINERARY

Name:

DOB:

CARE OPPORTUNITIES | ADULTS AGES 18 AND OLDER

Completion date	Bridge the Gap	Due
<input type="checkbox"/> / /	Annual physical with biometrics and labs Annually.	/ /
<input type="checkbox"/> / /	Follow-up Provider directed.	/ /
Routine Health		
<input type="checkbox"/> / /	Eye exam Annually.	/ /
<input type="checkbox"/> / /	Dental exam Every six months.	/ /
<input type="checkbox"/> / /	Vaccines* Review current vaccination recommendations for age.	/ /
<input type="checkbox"/> / /	Full body skin exam Discuss with your medical provider for recommendations.	/ /
Screenings		
<input type="checkbox"/> / /	Breast cancer screening * Every two years. Females aged 40-74.	/ /
<input type="checkbox"/> / /	Colorectal cancer screening * Aged 45-75. Frequency of screening depends on the test performed.	/ /
<input type="checkbox"/> / /	Cervical cancer screening * Every 3-5 years for individuals with cervix, aged 21-65, frequency may vary depending on test performed in addition to patient's age.	/ /
<input type="checkbox"/> / /	Lung cancer screening Aged 50-80 with a 20 pack-year smoking history and currently smoke or have quit within the past 15 years.	/ /
<input type="checkbox"/> / /	Hepatitis C virus (HCV) screening Aged 18-75 once in lifetime or risk changes.	/ /
<input type="checkbox"/> / /	HIV screening Aged 15-65 years once in life, or with risk changes.	/ /
Diabetes Care Management		
<input type="checkbox"/> / /	Hemoglobin A1c screening Annually or more often as provider directed for aged 18-75 with diabetes diagnosis. Annually for asymptomatic patients 35-70 with BMI >25.	/ /
<input type="checkbox"/> / /	Diabetes eye exam & foot exam Every 1-2 years depending on most recent exam result, for aged 18-75 with a diabetes diagnosis.	/ /
<input type="checkbox"/> / /	Diabetes kidney health screening Annually for aged 18-75 with diabetes diagnosis.	/ /

* Some exclusions may apply depending on medical history

This list is not inclusive of all screenings, please discuss with your provider what may be right for you based upon the recommendations from the U.S. Preventive Services Task Force website at [uspreventiveservicestaskforce.org](https://www.uspreventiveservicestaskforce.org)

We are here to help.

Elmbrook Schools Family Wellness Center: 262-214-1101

Local resources: [eversidehealth.com/communitycareconnect](https://www.eversidehealth.com/communitycareconnect)

Everside Health services: [eversidehealth.com/sign-in](https://www.eversidehealth.com/sign-in)

Member Services: 866-808-6005