Community Provider Form

What? If you choose to have your Complete Physical Exam (CPE)* with a community provider, your provider will need to attest that you have performed your annual CPE within the wellness year (11/1/2026-10/31/2027). These forms will need to be returned to the Elmbrook Schools Family Wellness Center, not the Elmbrook School District, during your CPE health review appointment. If your appointment is performed virtually, forms must be submitted prior to your appointment. This form will be documented in your medical record, and it gives consent for health center staff to review your medical information during the health review. This form alone does not meet incentive requirements.

When? Your CPE, Wellness Center health review, and any preventive screenings recommended by your provider must be completed between the dates of 11/1/2026 and 10/31/2027.

Where? If you elect to have your CPE done in the community, you will have your CPE at the office of your primary care provider. Your CPE health review is performed at the Elmbrook Schools Family Wellness Center at 17280 W. North Ave. Suite G100, Brookfield, WI 53045.

How? You will be required to schedule your CPE appointment through your chosen primary care entity. You will be required to schedule your CPE health review appointment at the Wellness Center via the online portal/mobile application or by calling (262) 214- 1101. CPE health review appointments may be in person or virtual.

Why? Our goal is to partner with you to achieve your healthcare goals. We want to assist you with a healthy lifestyle by sharing valuable resources and being there for your healthcare questions. We believe that maintaining your annual health goals, screenings, and care recommendations will help you be healthier and happier.

Please complete the section below and return to the Wellness Center.

Participant Name:_____ Participant status: ☐ Employee ☐ Spouse

Participant Date of Birth :_____/_____/_____ Participant phone : (_____) _____-_____

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

Participant signature:_____ Date:_____

* Discussion of any other healthcare conditions or questions may incur a charge at an annual CPE with your community provider, outside of the Wellness Center, beyond the preventive visit. Additionally, a CPE performed at the Wellness Center fulfills the insurance allowance for the preventive annual visit benefit, and additional annual exams may incur a charge if performed outside of the Wellness Center.

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Preventive Screening Checklist

Primary Care Provider to complete below:

Patient Name: _____ DOB: _____

Provider Name: _____

Facility Name & Address :_____

_____

Facility phone: (_____) _____-_____

Required Preventive Screenings*		
Date Completed & Next Due Date	**Screening**	**Description**
_____/_____/_____	Complete Physical Exam (CPE)	Annual comprehensive physical exam with your primary care provider.
_____/_____/_____ **Due: _____/_____**	Colon Cancer Screening	Ages 45-75. Frequency of testing depends on test performed. Acceptable screening tests include colonoscopy, Cologuard, or FIT /gFOBT testing.
_____/_____/_____ **Due: _____/_____**	Breast Cancer Screening	Women aged 40-74 every 2 years via digital mammography and/or digital breast tomosynthesis (DBT).

*unless contraindicated: This list is not inclusive of all screenings. Please discuss with your primary care provider what may be right for you based upon the recommendations from the U.S. Preventive Services Task Force at uspreventiveservicestaskforce.org.

By signing below, I affirm that I have performed the annual complete physical exam within the time frame (11/1/2026 - 10/31/2027). I have discussed, verified up-to-date completion, and/or ordered the age-appropriate preventive screenings specific to the patient on this form.

Provider signature:_____ Date:_____

For questions, we are here to help. Elmbrook Schools Family Wellness Center can be reached at 262-214-1101. Our fax number is (855) 475-8219.

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