

PHYSICIAN RESULTS FORM

Take this form with you to your scheduled annual physical to be completed and signed by your primary care physician. It is the **participant's responsibility** to submit the Physician Results Form as part of the wellness program to be returned to Wellworks For You as outlined below, by **October 1, 2024**. **Please retain a copy for your own records and submission to Wellworks For You, if necessary. *Disclaimer: Tests 100% preventative and paid for is based on your plan coverage. Please reach out to your specific insurance carrier with any questions prior to your appointment.***

The form you are **filling out will be scanned by a machine**. To ensure that your data is uploaded accurately,

1. Use a high-quality printer to print the form.
 2. Use black ink and fine-point pen.
 3. Please make sure that the text on the form is clear, aligned, and legible, preferably in block letters.
 4. Do not use fax or xerox copy. Do not fold or crease the form.
- Check the form carefully before submitting.**

PATIENT CONTACT INFORMATION

COMPANY NAME: CPM Holdings, Inc.

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ MALE FEMALE

PHONE: _____ EMAIL: _____

PHYSICIAN INFORMATION

PHYSICIAN OFFICE/NAME: _____

OFFICE PHONE/ADDRESS: _____

This **Results Form** confirms that the patient named above received the following preventative care between **October 1, 2023 and OCTOBER 1, 2024**. The primary care physician needs to complete the information below with an * in front of it and return the completed form to the patient named above.

SCREENING	RESULTS
*Blood Pressure (Systolic)	
*Blood Pressure (Diastolic)	
*Height (in inches)	
*Waist Circumference	
*Weight (in pounds)	
BMI (Body Mass Index)	

SCREENING	RESULTS
*Total Cholesterol	
*Low Density Lipoprotein (LDL)	
*High Density Lipoprotein (HDL)	
*Triglycerides	
*TC/HDL Ratio	
*Glucose (fasting)	
HbA1c (if physician recommended)	
Pulse (Heart Rate)	

Physician

I certify that the patient listed above received the tests indicated on this form on: ____/____/____

Physician Signature: _____ Date Signed: _____

SUBMIT YOUR COMPLETED FORMS BY OCTOBER 1, 2024

All forms should be submitted to the Wellworks Forms Department. Submit your completed forms in one (1) of the following ways.

- **Upload to Portal:** Click the **Upload a Form** tile from the homepage or via the menu page. Select the event title from the dropdown and upload your form to the portal. Users are limited to **one (1)** file per submission.
- **Upload to Mobile App:** Tap the event that you are submitting a form under the **Home** tab. On the following screen, tap the **Select Document** button to take or upload a photo of your form. Once your form data has been captured, tap **Submit My Forms**. Users are limited to **one (1)** file per submission.

PLEASE NOTE: Wellworks For You requires at least seven (7) to ten (10) business days for processing and participation to be updated in the Wellness Portal.