

Iowa Laborers District Health & Welfare Fund

2023

Section I: Patient Information

First Name		Date of Birth	
Last Name		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Phone Number		Last Four SSN	
Email			

Section II: To Be Completed By Physician - Exam Labs must be completed between 1/1/2023 to 12/31/2023

Date of Exam		Is this person Tobacco/Nicotine Free?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Lab Collection		Fasting	<input type="checkbox"/> Yes	<input type="checkbox"/> No

			Blood Pressure		
Height in Inches	Weight in Pounds	Waist Circumference	Systolic	Diastolic	Glucose
Total Cholesterol	HDL	Triglycerides	LDL	Cholesterol Ratio	

Preventative Screenings - Physician to determine if the following are medically necessary.

	Completed	Not Completed	Not Needed
Pap Smear (for women) within 3 years if 21 or older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mammogram (for women) within 1-2 years if 40 or older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prostate Cancer Screening (for men) 45 or older with family history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colorectal Screening (adults over 50) Fecal Occult Blood Test or Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete Blood Count (CBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid Stimulating Hormone (TSH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physician's Name (First and Last)		Physician's Phone Number	
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Physician's or LIP Signature	Date
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ALL INFORMATION IS REQUIRED. Please review and submit completed form to:

Mail: Bluegrass Health Solutions, P.O. Box 1287 Paducah, KY. 42002 **Phone:**(855) 258-4727 **Fax:**(270) 246-9794
Email: support@bluegrassolutions.net