Healthwaves
Corporate Wellness Team

State of Arizona Benefit Options Consent Form
"Know Your Number"

The undersigned hereby voluntarily consents to undergo a basic health screening to include: a laboratory blood draw, blood pressure and body fat composition. Optional screening tests (see below for selection) are also available at an additional cost. I understand these tests are for screening purposes only and are not diagnostics of the presence or absence of any specific illness or a substitute for a more complete examination by a physician. Blood test results can fluctuate from day to day due to changes in the individual and from laboratory variation. As a result of this, a test may be abnormal at one time and not at another. Sometimes a retest is necessary. If any of my results fall outside normal ranges, I understand I should see a physician for a follow-up evaluation. A new sterile needle is used for each blood test. I understand possible but infrequent side affects include fainting or bacterial infection or bruising at the puncture site. I understand I should immediately alert the testing personnel of any medical or health conditions which may compromise my personal health or safety in performing these tests. Healthwaves practices in accordance with the HIPAA regulations as pertains to privacy practices and patient confidentiality regarding protected health information. Your personal results will be mailed to you. These tests are being performed per the direction and authority of the Healthwaves Medical Director, Patrick N. Connell, M.D. or as otherwise designated on the laboratory requisition or results forms.

YOU MUST BE A STATE EMPLOYEE, SPOUSE OR RETIREE ON THE BENEFIT OPTIONS PLAN IN ORDER TO RECEIVE A FREE SCREENING. CONTRACTORS, VOLUNTEERS AND TEMPORARY EMPLOYEES ARE NOT ELIGIBLE.

✖ _____ (Signature) Today's Date: _____/_____/_____

INFORMATION ON PARTICIPANT (Please Print)

NAME — Last, First, Middle Initial				◯ Employee ◯ Spouse ◯ Retiree	DAYTIME PHONE
DATE OF BIRTH	AGE	SEX (M/F)	EMPLOYEE ID #	STATE AGENCY	

CURRENT HEALTH INSURANCE CARRIER
◯ **United Health Care EPO or PPO** ◯ **Arizona Foundation PPO** ◯ **Schaller Anderson** ◯ **PacifiCare** ◯ **RAN/AMN** ◯ **Other:**

MAILING ADDRESS	CITY	STATE	ZIP

Take this consent to any of the scheduled public lab screening sites listed at www.healthwaves.com or any state worksite mini-health screenings at www.benefitoptions.az.gov/wellness/. Bring your employee I.D. and Benefit-eligible insurance card (if applicable) to receive a free test. This "Know Your Number" campaign is effective 3/19/07– 4/27/07.

YOUR FREE BASIC SCREENING

Screening takes only 15 minutes. Confidential testing results are mailed to your home within one week.

☑

- **Non-Fasting Blood Draw Includes:** Total Cholesterol, HDL Cholesterol, Coronary Risk Ratio, and Blood Pressure Check.

OR

- **Fasting Blood Draw Includes:** (8 hours fasting water and medications only). Cholesterol, HDL, LDL, VLDL, Triglycerides, Glucose, and Blood Pressure check.

☑ **AT STATE WORKSITES ONLY**

- **Height and Weight Measurements**
- **Percent Body Fat.** Computerized infrared measure at arm site.

☑ **ALSO AVAILABLE**

Prostate Specific Antigen (PSA)
Benefit-eligible (age 40 and over) ..... **$5 co-pay**
Not benefit-eligible pay **$48**

☑	***OPTIONAL ADD-ONS.*** Fee payable to Healthwaves cash or check.	COST	PAID
	Complete Blood Count (CBC). Tests for anemia and other conditions.	$22	
	SMAC-30 Chem Panel. 8 hours fasting (water and medications only). Includes: Total Cholesterol, HDL, LDL, triglycerides, glucose, kidney and liver function, nutrition, iron, bone, electrolytes and more.	$35	
	TSH Thyroid	$38	
	T3, T4 and T7 Thyroid	$28	
	Both Thyroid Panels Recommended	$58	
	C-Reactive Protein-High Sensitivity. 8 hour fasting preferred (water only). Helps predict heart attack risk.	$58	
	Apolipoprotein A-1 & B. A more advanced and sensitive indicator of cardiovascular risk.	$68	
	Basic Food Panel. 46 food items (includes: milk, eggs, meats, grains).	$59	
	Southwest Regional Inhalant Panel. 45 items (includes: grasses, dust, pollens, pet hair)	$59	
	Comprehensive Food Panel. 90 items–all of basic panel plus more specific items.	$109	
	Basic Food & Southwest Regional Inhalant Panels	$98	
	Comprehensive Food & Southwest Regional Inhalant Panels	$144	

HEALTHWAVES PERSONNEL ONLY BELOW THIS LINE

HEIGHT	WEIGHT	BODY FAT %	BLOOD PRESSURE	AMOUNT PAID	SENT ON / BY	CONCERN
				$ ◯ CASH ◯ CHECK #		A B