

# Biometric Data Reporting

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer Name: Hamilton County

- The primary care physician needs to complete all information with an \* in front of it.
- No lab reports need to be submitted.
- All testing must have been completed between 01/01/2014 and 12/31/2014

BIOMETRIC MEASURES	VALUE	TEST DATE (Month/Day/Year)
*Total Cholesterol		
*Triglyceride Level		
*Glucose (fasting)		
*HDL Cholesterol		
*LDL Cholesterol		
Hemoglobin A1c (if physician recommended)		
*Systolic Blood Pressure		
*Diastolic Blood Pressure		
*Height (in feet, inches)		
*Weight (in pounds)		
*Abdominal Circumference (in inches)		

- \*Does your patient have a history of Coronary Artery Disease (MI, CABG, PTCA) \_\_\_\_yes \_\_\_\_no
- \*Does your patient have a history of Diabetes \_\_\_\_yes \_\_\_\_no
- \*If no, does your patient have pre-diabetes? \_\_\_\_yes \_\_\_\_no
- \*Does your patient exercise weekly? If so, how often? \_\_\_\_\_days/week \_\_\_\_\_minutes/day

\_\_\_\_\_  
\*Signature of health care provider

\_\_\_\_\_  
\*Date

Physical Confirmation \_\_\_\_\_

Type of Service Provided

\*Date of Service

Biometric Screening

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
\*Signature of health care provider

\_\_\_\_\_  
\*Date

To submit biometric data \_\_\_\_\_

- Scan and email to [hamiltoncounty@trihealth.com](mailto:hamiltoncounty@trihealth.com)
- Fax to Hamilton County's secure fax 513-852-8595
- Mail the forms to Katie Krimmer or Mark Walker, 11129 Kenwood Road, Cincinnati, OH 45242

