

# 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 **November 30, 2025**. Please retain a copy for your own records and submission to Wellworks For You, if necessary.

## PATIENT CONTACT INFORMATION

COMPANY NAME: Schupan

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 **December 1, 2024 and November 30, 2025**. 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)	

### 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 November 30, 2025

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.