Primary Care Provider Form

Fax this form AND medical visit documentation to: 406-447-2544

St. Peter's Health WELLNESS SERVICES

PARTICIPANT INSTRUCTIONS:

- Share your screening results with your Primary Care Provider (PCP)
- Recheck screening benchmarks that did not meet the criteria.
- Fax an official copy of a medical visit that lists the improved values. You will be notified via email that we received the documentation.
    - The medical visit must be dated **after** your LCC Wellness Screening.

Documentation of goals met are due by May 31, 2025.

PATIENT INFORMATION:

Patient Last Name: _____ **Patient First Name:** _____ **Gender:** _____

Patient Phone #: _____ **Patient DOB:** _____ **Date of Visit:** _____

Patient Email: _____

PROVIDER INSTRUCTIONS:

Your patient is participating in the 2025 Lewis and Clark County Incentive that requires a wellness screening through St. Peter's Health Wellness Services. A reasonable alternative to any adverse values for cholesterol, fasting glucose, blood pressure and waist associated with the patient's screening results can be submitted from your office. Improved values must be officially documented. **We will not accept handwritten values due to the incentive associated with meeting the requirements.**

No handwritten values
Attach typed, charted values

Screening Benchmarks	Criteria	Goals
Cholesterol	Total less than or equal to 200 or Ratio ≤ 5 (m) ≤ 4.5 (w)	Reduce total by 10 or ratio by 0.5 or into criteria range
Fasting Glucose	Fasting glucose ≤ 110	Reduce by 10 points or into criteria range
Waist Circumference	Waist Circumference ≤ 40 (m) ≤35 (w)	Reduce waist size by 2" or into criteria range
Blood Pressure	Less or equal to 135/85 (measurements used individually)	Reduce value by 5 points or into criteria range OR complete Health Coaching for Hypertension*
Tobacco/Nicotine Status	Tobacco/Nicotine Free for at least 3 months	Complete Montana Quit Line OR Freedom From Smoking* program and submit certificate

No handwritten values
Attach typed, charted values

*Call Wellness at 444-2128 for information on Health Coaching for Hypertension and/or Tobacco Cessation classes for goal completion

Provider's Name: _____ **Office Phone Number:** _____
PLEASE PRINT

Provider's Signature: _____