PATIENT: COMPLETE SECTIONS A & B

Health Testing Consent Form

SECTION A *Please print clearly.*

Home Phone | Date of Birth | Age | Gender ☐ Male ☐ Female

First Name | MI | Last Name

Home Address | City | State | Zip Code

Primary Care Provider (If known) | Provider Phone

Provider Address | City | State

By signing below, I acknowledge that I am age 18 or over, and I have asked to receive the following service(s) from Haller's Pharmacy, and I authorize Hallers Pharmacy to perform such testing (please initial): _____

	Obtain my weight and body composition via a digital body composition analyzer for the purposes of measuring my body composition
	Obtain my blood pressure via an automatic blood pressure cuff for the purpose of measuring my blood pressure
	Obtain my blood via fingerstick for the purpose of measuring my glucose
	Obtain my blood via fingerstick for the purpose of measuring my total cholesterol and HDL
	Obtain my blood via fingerstick for the purpose of conducting a full cholesterol panel test.*
	Obtain my blood via fingerstick for the purpose of measuring my Hemoglobin A1C**

*Fasting for 9-12 hours of no food or drink (other than water) is required. **A1C testing available only to self-identified diabetics.

☐ **Please check** here if you do not wish to receive a follow up call from a pharmacist regarding your test result.

By signing below, I also understand and agree that: 1) If I have asked to receive the Hemoglobin A1C test, I certify that I have been diagnosed with diabetes; **2)** If I asked to receive the full cholesterol panel test, I understand that my following the fasting guidelines will effect the accuracy of my test results; **3)** The above test(s) are being done for testing purposes only, are not being done for diagnostic or treatment purposes, and the pharmacist's consultation with me about the test results does not constitute medical advice; **4)** The data derived from the test(s) is considered preliminary and is not conclusive as to the absence or presence of any disease or health condition; **5)** Haller's Phamacy recommends that I report the results of the test(s), including any results outside of the recommended range, to my healthcare professional so she or he can help me determine whether I need follow-up care; **6)** The responsibility for seeking follow-up medical advice regarding the test results is mine and not that of any organi-zation or professional associated with the test(s); **7)** I am not permitted to, and will not, submit a claim to any insurer for any test given to me free of charge; and **8)** In consideration for undergoing the test, I hereby release and hold harmless Haller's Pharmacy and their respective divisions, subsidiaries, owners, directors, officers, and employees, in addition to any third party sponsor of any free testing event, from any liability arising from the testing.

Patient's Name (Please Print) _____ **Patient's Signature** _____ **Date:** _____

Your signature here indicates that you have received a copy of the Notice of Privacy Practices. _____ **Date:** _____

Test	Patient Result	Reference Ranges		Comments:
Glucose	Random: _____ mg/dL	Goal: < 140 mg/dL		☐ Fax results to PCP
	Fasting: _____ mg/dL	Goal: < 100 mg/dL		
A1C	A1C: _____ %	Goal: < 7 %		☐ Do not fax results to PCP; patient declined
Cholesterol	TC: _____ mg/dL	Goal: < 200 mg/dL		
	HDL: _____ mg/dL	Goal (**male**): > 40 mg/dL Goal (**female**): > 50 mg/dL		
	TRG: _____ mg/dL	Goal: < 150 mg/dL		
	LDL: _____ mg/dL	Goal: < 100 mg/dL		
		☐ **Fasting** ☐ **Non-Fasting**		
	Framingham Risk Assessment: _____ %	< 10% = low CVD risk 10-20% = intermediate CVD risk > 20% = high CVD risk		
Blood Pressure	Systolic: _____ mmHg	People without high blood pressure	Less than 120/80 mmHg	
	Diastolic: _____ mmHg	People with high blood pressure	Less than 140/90 mmHg	
	Pulse: _____ bpm	People with diabetes, kidney disease, or coronary artery disease	Less than 130/80 mmHg	
		Pulse	60-100 beats per minute (bpm)	
Body Composition	Height: _____ inches Weight: _____ pounds BMI: _____ kg/m2 Waist Circ: _____ inches	**Body Mass Index (kg/m²)** Underweight: < 18.5 Goal: 18.5-24.9 Overweight: 25.0-29.9 Obese: > 30.0	**Waist Circumference** Male: ≤ 40 inches Female: ≤ 35 inches	
	Body Fat: _____ %	Goal: Female 20-39 yrs Goal: Male 20-39 yrs	21.0-32.9 % 8.0-19.9 %	
		Goal: Female 40-59 yrs Goal: Male 40-59 yrs	23.0-33.9 % 11.0-21.9%	
		Goal: Female 60-79 yrs Goal: Male 60-79 yrs	24.0-35.9 % 13.0-24.9 %	
	Skeletal Muscle: _____ %	Goal: Female 18-39 yrs Goal: Male 18-39 yrs	24.3-30.3 % 33.3-39.3 %	
		Goal: Female 40-59 yrs Goal: Male 40-59 yrs	24.1-30.1% 33.1-39.1 %	
		Goal: Female 60-80 yrs Goal: Male 60-80 yrs	23.9-29.9 % 32.9-38.9 %	
	Visceral Fat Level _____ %	Goal: ≤ 9 %		

Testing Personnel Name: _____ **Signature:** _____ **Today's Date:** _____

Wellness Call Completed: YES / NO (circle one) **Signature:** _____ **Date Call Completed:** _____