



**Independence
Blue Cross**

To: Healthy LifestylesSM Keys to Wellness Nurses

Fax: 215-238-7063

Member Information	
*Name:	*ID #: *DOB:
*Preferred contact telephone #:	Best time to reach member: _____ a.m. p.m.
Pertinent Data	
*Diagnosis:	*Current medications:
BP:	Blood glucose:
Height:	Weight:
Cholesterol:	Triglycerides:
*Requested Intervention (please specify in space provided)	
<input type="checkbox"/> Treatment adherence	
<input type="checkbox"/> Nutrition	Rx:
<input type="checkbox"/> Weight management	
<input type="checkbox"/> Exercise program	Rx:
<input type="checkbox"/> Smoking cessation	
<input type="checkbox"/> Safety	
<input type="checkbox"/> Men's health (prostate, testicular)	
<input type="checkbox"/> Women's health (GYN, mammogram, bone density)	
<input type="checkbox"/> Preventive health (dental, vision, colonoscopy, skin)	
<input type="checkbox"/> Additional information	
*Physician signature and date:	

***Required fields**

The information contained in this fax is intended only for the confidential use of the designated recipient(s) named above. This fax message may contain medical records and/or medical information and, therefore, is privileged and confidential. State or federal law may prohibit any further copying, distribution, or dissemination of the information. If the reader of this message is not the intended recipient or agent responsible for delivering it to the intended recipient, the reader is hereby notified that he or she has received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately at 215-241-9872, and return the original message to us by mail to Healthy Lifestyles Keys to Wellness Nurses, 1901 Market Street, Philadelphia, PA 19103. Thank you.