



# Iowa Laborers District Council Health & Welfare Fund

## Healthy For Life

### Section I: Patient Information

First Name  Date of Birth

Last Name   Male  Female

Phone Number  Last Four SSN

Email

### Section II: To Be Completed By Physician - Exam Labs must be completed between 1/1/2022-10/31/2022

Date of Exam  Does this person use Tobacco/Nicotine  Yes  No

Date of Lab Collection  Fasting  Yes  No

			Blood Pressure		
Height in Inches	Weight in Pounds	Waist Circumference	Systolic	Diastolic	Glucose
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Cholesterol	HDL	Triglycerides	LDL	Cholesterol Ratio	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

### Preventative Screenings - Physician to determine if the following are medically necessary.

	Completed	Not Completed	Not Needed
Pap Smear (for women) within 3 years if 21 or older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mammogram (for women) within 1-2 years if 40 or older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prostate Cancer Screening (for men) 45 or older with family history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colorectal Screening (adults over 50) Fecal Occult Blood Test or Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete Blood Count (CBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid Stimulating Hormone (TSH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physician's Name (First and Last)  Physician's Phone Number

Physician's or LIP Signature \_\_\_\_\_ Date \_\_\_\_\_

**ALL INFORMATION IS REQUIRED. Please review and submit completed form to:**

**Mail:** BMGI 150 1st Ave NE , Suite 450 Cedar Rapids, IA 52401  
**Fax:** 319-365-1043 (Cover sheet **not** required. Please fax **only** one person at a time.)  
**Email:** claims@bmgweb.com ATTN: IALABR Healthy for Life