Diabetes Management

NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

UMR
A UnitedHealthcare Company

The form is not valid unless completely filled in and signed by the member and the provider.

Section A - Member information *(To be completed by YOU)*

First name _____ Last name _____ MI _____ Gender ◯ M ◯ F

Date of birth _____/_____/_____ Employer _____ PEBP ID _____
MM DD YYYY

Choose one: ◯ Employee ◯ Spouse ◯ Child ◯ Retiree ◯ Domestic partner ◯ Other dependent

Street address _____ City _____ State _____ Zip _____

Home phone _____ _____ _____ Cell _____ _____ _____ Email _____

Section B - Biometric Assessment *(MUST be completed by a CLINICIAN)*

I am currently pregnant (Check if YES) ◯ Baby due date _____/_____/_____
MM DD YYYY

Total Cholesterol		Blood Pressure	
LDL (Bad) Cholesterol		Height (Inches)	
HDL (Good) Cholesterol		Weight (lbs)	
Triglyceride Level		BMI	
HgbA1C		Last eye exam	
Fast Glucose		Last dental exam	

Known Chronic Illnesses *(check all that apply)* ☐ Diabetes ☐ Asthma ☐ Heart Disease ☐ Hypertension
☐ Depression ☐ Hyperlipidemia ☐ ADHD ☐ Other conditions _____

I, the undersigned, hereby certify that I am the named member's health care provider and I certify that I have examined the named member sufficiently to answer the above questions. Further, I certify that the above answers are true and accurate statements regarding the named member's condition.

Health care provider signature _____

Health care provider printed name _____

Section C - Signature *(To be completed by YOU)*

By signing, I authorize the disclose of my health screening results to UMR. All information released to UMR will be protected in accordance with any applicable law. I understand that information contained on this form will not be shared with my employer.

Signature _____ Date _____/_____/_____
MM DD YYYY

How to submit
Go to umr.com to obtain an online version of this form. Most of Section A will fill in for you. Otherwise, print this copy and email the completed form to **diabetes@umr.com**. Questions? Call **888-763-8232**.