



Physician Screening Form

*** If you have attended an onsite screening, DO NOT submit this PSF form ***

Incomplete or illegible forms will not be processed. Please print clearly. Items marked with asterisk * are required.

Forms submitted with missing required tests will not be processed.

Choose Only ONE Submission Option: DO NOT EMAIL

1) Upload Online: <https://livewell.preventure.com> 2) Fax: 855-385-5453

3) Mail to: Preventure | Customer Solutions Department | 2000 Nooseneck Hill Road | Coventry, RI 02816

SECTION 1 - Personal Information (Participant/Patient Completes)

Employee First Name * DANA M.I. Employee Last Name * MOOLANI

Employee's Company Name OAK TREE Unique ID * (Network ID+ add 1. Example: David Williams = WillID1) levydz

Date of Birth * 05/11/1980 Primary Phone * 2022762191 Secondary Phone

Email Address (Required to receive an email confirmation of receipt of your form) dmoolanieoaktreecapital.com

Gender * ☐ Male ☒ Female If female, are you currently pregnant? * ☐ Yes ☒ No

By signing below, I acknowledge the Wellness Program Notice and Consent.

Participant/Patient Signature * [Signature] Date * 12/05/2016

SECTION 2 - Clinical Information (Physician or Health Care Provider's Office completes – report only the tests required)

Date of Lab Work * Height (total in inches) * 62 Weight (pounds) * 189

Measurements Required Values Marked *	Patient Results	Check only if Medically Unreasonable to Comply with Healthy Target Range
Body Fat % (optional)		Not Required
Waist Circumference *		<input checked="" type="checkbox"/> Yes
Body Mass Index-BMI *	<u>19.94</u>	<input type="checkbox"/> Yes
Blood Pressure (Systolic/Diastolic) *	<u>115/78</u>	<input type="checkbox"/> Yes
Glucose (mg/dl) *		<input checked="" type="checkbox"/> Yes
Total Cholesterol *		<input type="checkbox"/> Yes
HDL Cholesterol (mg/dl) *		<input type="checkbox"/> Yes
LDL Cholesterol (mg/dl) *		<input type="checkbox"/> Yes
Cholesterol/HDL Ratio *		<input type="checkbox"/> Yes
Triglycerides (mg/dl) *		<input type="checkbox"/> Yes

SECTION 3 - Physician Information (Physician or Health Care Provider's Office Completes)

Physician or Health Care Provider's Name (please print clearly) * HELENE STRAUSS National Provider Identifier (NPI) if applicable 1407119647


Office Phone Number * 2127461358 Date * 12/05/2016 Physician or Health Care Provider's Signature * [Signature]

The information you are submitting may be shared with a third party for the sole purpose of administering additional wellness program services or to conduct other wellness programming activities as permitted by law and will comply with applicable law. Preventure will maintain the confidentiality of your personally identifiable information and will only release personal information as permitted by law for the sole purpose of wellness program administration.

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Name: Dana Moolani | DOB: 5/11/1980 | MRN: 76246948

Lipid Profile - Details

 About This Test

Component Results

Component	Your Value	Standard Range
CHOLESTEROL Desirable: <200 mg/dL Borderline High: 200-239 mg/dL High: >=240 mg/dL	188 mg/dL	<=200 mg/dL
TRIGLYCERIDES Normal: < 150 mg/dL Borderline High: 150-199 mg/dL High: 200-499 mg/dL Very High: >=500 mg/dL	149 mg/dL	<=150 mg/dL
HDL CHOLESTEROL Low HDL Cholesterol (Major Risk Factor): < 40 mg/dL High HDL Cholesterol (Negative Risk Factor) >= 60 mg/dL	54 mg/dL	>=40 mg/dL
LDL CHOLESTEROL/CALC Desirable: < 100 mg/dL Above Optimal: 100-129 mg/dL Borderline High Risk: 130-159 mg/dL High Risk: 160-189 mg/dL Very High Risk: > 190 mg/dL	104 mg/dL	<=100 mg/dL
CHOL/HDL RATIO	3.5	

General Information

Collected: 12/05/2016 5:23 PM

Resulted: 12/05/2016 11:52 PM

Ordered By: Helene L. Strauss, MD

This test result has been released by an automatic process.

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