



A LINCOLN ELECTRIC COMPANY

# PHYSICIAN RESULTS FORM

Take this form with you to your scheduled annual physical to be completed and signed by your primary care physician. It is the **participant's responsibility** to submit the Physician Results Form as part of the wellness program to be returned to Wellworks For You as outlined below, by **SEPTEMBER 30, 2022**. Please retain a copy for your own records and submission to Wellworks For You, if necessary.  
**PLEASE NOTE: Little Clinics and Minute Clinics do not qualify as Primary Care Visit completion.**

## PATIENT CONTACT INFORMATION

COMPANY NAME: Harris Products Group

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  MALE  FEMALE

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## PHYSICIAN INFORMATION

PHYSICIAN OFFICE/NAME: \_\_\_\_\_

OFFICE PHONE/ADDRESS: \_\_\_\_\_

This **Results Form** confirms that the patient named above received the following preventative care between **OCTOBER 1, 2021 and SEPTEMBER 30, 2022**. The primary care physician needs to complete the information below with an \* in front of it and return the completed form to the patient named above.

SCREENING	RESULTS
*Blood Pressure (Systolic)	
*Blood Pressure (Diastolic)	
*Height (in inches)	
*Waist Circumference (in inches)	
*Weight (in pounds)	
BMI (Body Mass Index)	

SCREENING	RESULTS
*Total Cholesterol	
*Low Density Lipoprotein (LDL)	
*High Density Lipoprotein (HDL)	
*Triglycerides	
TC/HDL Ratio	
*Glucose (fasting)	
HbA1c (if physician recommended)	
Pulse (Heart Rate)	

### Physician

I certify that the patient listed above received the tests indicated on this form on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## SUBMIT YOUR COMPLETED FORMS BY SEPTEMBER 30, 2022

All forms should be submitted to the Wellworks Forms Department. Submit your completed forms in one (1) of the following ways.

- **Scan and email:** [direct@wellworksforyou.com](mailto:direct@wellworksforyou.com)
- **Upload to Portal:** Click the **Upload a Form** tile from the homepage or via the menu page, select the event title from the dropdown and upload your form to the portal. This will be securely emailed for processing. Users are limited to **one (1)** file per email.
- **Upload to Mobile App:** Take a photo of your form using your Smartphone, and upload it to the Wellworks For You Mobile App via the **Contact Us/Send a Form** tab.
- **Mail:** 70 East Lancaster Ave, Frazer, PA 19355, Attention: Forms Department

**PLEASE NOTE:** Submission via email will result in an immediate confirmation that your form was received. Any other means of submission requires you to log into your wellness portal or Wellworks For You mobile app to confirm your form was processed.