

# Medical Exam Verification



\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
EIN

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

## Yearly

- Physical or Pap  
(25 pts)
- Dental exam  
(credit for 1/year)  
(25 pts)
- Flu shot  
(25 points)

## Cancer Screening

- Mammogram  
(50 pts)
- Colonoscopy  
(50 pts)
- Prostate exam  
(50 pts)

## Other

- Follow-up  
(100 pts)\*
- Prenatal exam  
(1st trimester) (30 pts)

\*can only qualify if participant screened high for any of the biometrics at their last Healthy Lifestyles clinic



Questions? Please email  
[MyHealthyLifestyles@slco.org](mailto:MyHealthyLifestyles@slco.org)

**Please submit this form in any of the following ways:**

- **Drop box:** outside of S2500 (next to the Healthy Me clinic)
- **Courier:** Sent Attn: Healthy Lifestyles, GC S2-600-4575
- **WellSteps:** Uploaded as an attachment at [www.WellSteps.com](http://www.WellSteps.com)
- **Email:** scanned and emailed to [MyHealthyLifestyles@slco.org](mailto:MyHealthyLifestyles@slco.org)
- **Fax:** Attn–Healthy Lifestyles = 385.468.4096