PEHP Health & Benefits

# ENHANCED PHARMACY BENEFIT

| Member name | PEHP Member ID: |
|---|---|
| | |

| Address | Contact Information |
|---|---|
| | (please check preferred contact below) |
| | Daytime phone: ☐ _____ |
| | Alternate phone: ☐ _____ |
| | Email address: ☐ _____ |

## TO BE COMPLETED BY CLINICIAN

### Biometrics

| Height | Weight | BMI | Blood pressure | | Waist circumference |
|---|---|---|---|---|---|
| inches | lbs. | | / | Date: | inches |

### Laboratory Values

| A1c | | Serum creatinine | | Is patient taking an ACEI or ARB? | If NO, why? |
|---|---|---|---|---|---|
| % | Date: | mg/dL | Date: | YES NO | |

### Lipid Profile

| Date | Total cholesterol | High density lipoprotein cholesterol HDL-C | Low density lipoprotein cholesterol LDL-C | Triglycerides |
|---|---|---|---|---|
| | | | | |

### Microalbumin Screen

| Known nephropathy? | If NO, microalbumin /creatinine ratio (ACR) | |
|---|---|---|
| YES NO | mg/mmol | **or** µg albumin / mg creatinine |

| Exam History | | Insulin Use | | | | |
|---|---|---|---|---|---|---|
| Date of most recent dilated retinal exam (DRE) | Date of most recent diabetic foot exam | Average number of blood glucose tests per day | Brand of short-acting insulin used (circle one) | Average number of **short**-acting insulin **UNITS (not injections)** per day | Brand of long-acting insulin used (circle one) | Average number of **long-acting** insulin **UNITS (not injections)** per day |
| | | | Novolog Novolin R | | Lantus Novolin 70/30 Novolin N | |

| **Physician name:** | | |
|---|---|---|
| **Address:** | | |
| **Phone:** | **Fax:** | **Email:** |

| **Physician signature** *(form is not valid without Physician's signature)* | **Date** |
|---|---|
| | |

| **Please return form to:** | PEHP Pharmacy Department<br>**FAX # 801.245.7774**<br>or mail to: PEHP Pharmacy Department<br>560 E 200 S, Salt Lake City, UT 84102 |
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