

CONSENT FORM

The undersigned hereby voluntarily consents to undergo a health screening test performed by Healthwaves. I understand that it is not possible to diagnose or define any disease or problem with a single test alone, and that a screening cannot detect every health problem. For example, a prostate-specific antigen (PSA) blood test cannot detect all prostate cancers. I understand these tests are for screening purposes only and are not diagnostic tests or a substitute for a more complete examination by a physician. Blood test results can fluctuate from day to day due to changes in the individual and from laboratory variation. As a result, a test may be abnormal at one time and not another. If any of my results fall outside normal ranges, I understand I should see a physician for a follow up evaluation. A new sterile needle is used for each blood test. I understand possible but infrequent side effects include fainting, bacterial infection, or bruising (hematoma) at the puncture site. In rare circumstances, I may be contacted for a redraw due to a poor lab sample. **I UNDERSTAND THAT BECAUSE THESE ARE SCREENING TESTS, THEY ARE NOT REIMBURSABLE UNDER MOST INSURANCE PLANS.** Screening tests are being performed per the direction and authority of the Healthwaves Medical Director, Patrick N. Connell, M.D. or as otherwise designated on the laboratory requisition or results forms. Healthwaves practices in accordance with the HIPAA regulations as pertains to privacy practices and patient confidentiality regarding protected health information.



SIGNATURE _____

TODAY'S DATE / /

INFORMATION ON PARTICIPANT (Please Print)

NAME — Last, First, Middle Initial		DATE OF BIRTH	AGE	SEX (M/F)
MAILING ADDRESS			DAYTIME PHONE	
CITY	STATE	ZIP	EMAIL ADDRESS	
REFERRED BY? <input type="radio"/> Mailer <input type="radio"/> Poster/Flier at Site <input type="radio"/> Internet <input type="radio"/> Newspaper Ad <input type="radio"/> Doctor <input type="radio"/> Friend <input type="radio"/> Other:				

PLEASE CHECK (✓) TESTS TO BE PERFORMED (tests do not require fasting, unless indicated). Not all tests may be available at this site.

<input type="checkbox"/> SMAC-30 Chem Panel \$35 8 hours fasting (water and medications only) • HDL, LDL, VLDL Cholesterol, Total Cholesterol • Triglycerides, Cardiac Risk Ratio • Diabetes: Glucose, Fructosamine • Kidney: BUN, Creatinine • Nutrition: Protein, Albumin, Globulin • Iron: TIBC, Transferrin % Sat. • Liver: Bilirubin, GGTP, SGOT, SGPT, LDH • Bone: Calcium, Phosphates • Gout: Uric Acid • Electrolytes: Sodium, Chloride, Potassium <small>2.5 ml minimum/tiger/spin within 45 min...code 800835</small>	<input type="checkbox"/> Complete Blood Count (CBC) \$22 Tests for anemia and other conditions. <small>1.0 ml minimum—needs own lavender tube/gently invert x6/ refrigerate asap/to lab within 24 hr...code 3000</small>	<input type="checkbox"/> Rheumatoid Arthritis Panel \$95 <small>1.0 ml minimum/tiger/spin...code 801796</small>
<input type="checkbox"/> Prostate Specific Antigen (PSA) \$48 Recommended for men 40 and older. A digital rectal exam conducted by a physician is also recommended. <small>1.0 ml minimum/tiger/spin...code 8501</small>	<input type="checkbox"/> HDL and Total Cholesterol \$25 LDL and Triglycerides not included. <small>1.5 ml minimum/tiger/spin within 45 min...code 2875</small>	<input type="checkbox"/> Blood Type (Group & RH) \$25 <small>3 ml minimum—needs own tube/lavender/refrigerate asap...code 2317</small>
<input type="checkbox"/> C-Reactive Protein-High Sensitivity \$58 8 hours fasting preferred (water only). Helps predict heart attack risk. <small>1.0 ml minimum/tiger/spin...code 90045</small>	<input type="checkbox"/> Apolipoprotein A-I & B \$68 A more advanced and sensitive indicator of cardiovascular risk. <small>1.0 ml minimum/tiger/spin...code 2062</small>	<input type="checkbox"/> Allergy Testing <i>Allergy results mailed in approximately 2–3 weeks.</i>
<input type="checkbox"/> TSH Thyroid \$38 <small>1.0 ml minimum/tiger/spin...code 8055</small>	<input type="checkbox"/> Colorectal Cancer Screening \$15 Take-home kit for screening fecal-occult blood. Kit must be returned in provided envelope to Healthwaves.	<input type="checkbox"/> Basic Food Panel \$59 46 items (incl: milk, eggs, meats, grains).
<input type="checkbox"/> T3, T4 and T7 Thyroid \$28 <small>1.0 ml minimum/tiger/spin...code 1409</small>	<input type="checkbox"/> Hemoglobin A1C \$35 This test is used for diabetic patients to monitor glucose control over the last few months. <small>1.0 ml minimum—needs own tube/lavender/refrigerate asap...code 9230</small>	<input type="checkbox"/> Southwest Regional Inhalant Panel \$59 45 items (incl: grasses, dust, pollens, pet hair).
<input type="checkbox"/> Both Panels Recommended \$58 <small>2.0 ml minimum/tiger/spin</small>	<input type="checkbox"/> Homocysteine \$90 Helps determine risk of having heart disease or stroke. <small>tiger/spin...code 7074</small>	<input type="checkbox"/> Comprehensive Food Panel \$109 90 items—all of basic panel plus many more.
	<input type="checkbox"/> Sedimentation Rate \$35 <small>lavender tube...code 3105</small>	COMBO PRICES... <input type="checkbox"/> Basic Food and Southwest Regional Inhalant Panels \$98 <input type="checkbox"/> Comprehensive Food and Southwest Regional Inhalant Panels \$144 <input type="checkbox"/> Other:

HEALTHWAVES PERSONNEL ONLY BELOW THIS LINE

AMOUNT PAID \$ <input type="radio"/> CASH <input type="radio"/> CHECK # 	LOCATION	SENT ON / BY	CONCERN A B
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