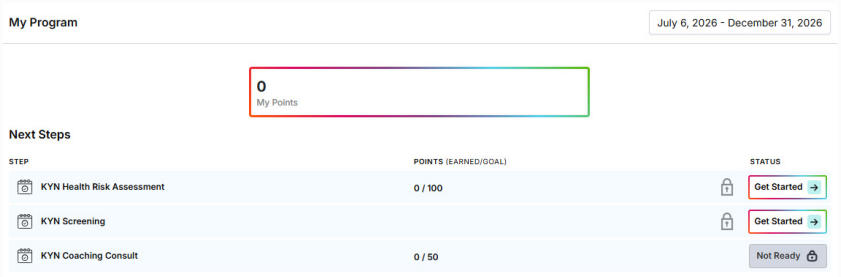
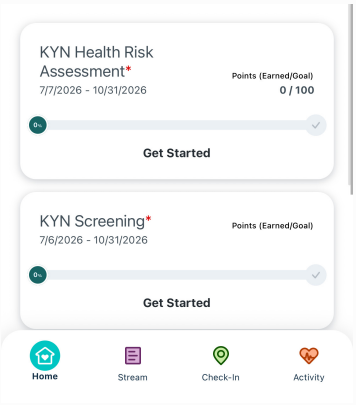
Know Your Numbers: Screening with Personal Physician

Step-by-Step instructions on how to download the Physician Results Form in WellWorks for your personal physician to fill out.

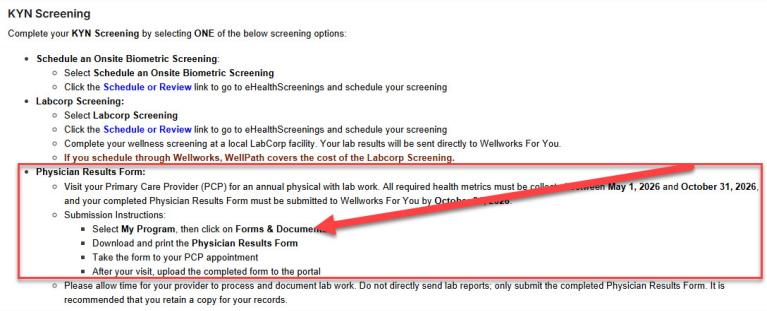
1. Log into WellWorks For You via website or app: www.wellworksforyoulogin.com

2. Once logged in, your WellWorks action items should appear. One of the action items listed is **KYN Screening**. Select **Get Started** to view your KYN screening options. (Website and app view below.)

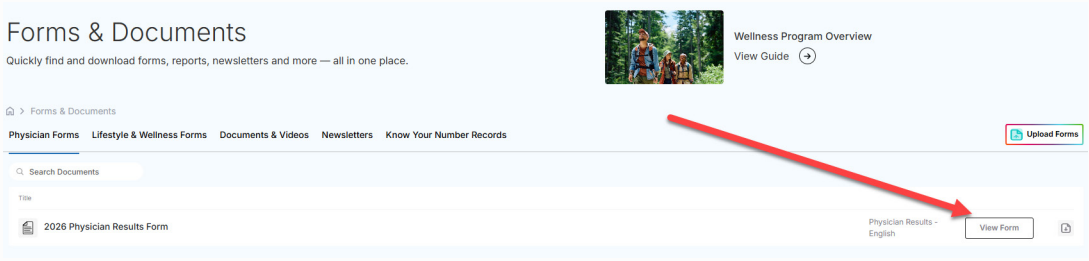




3. Under the **Physician Results Form** bullet, click on the **Forms & Documents** link provided, as seen below:



4. The link will redirect you to the Forms & Documents page in your WellWorks portal.
   Click on the **View Form** button (as seen below) to download the Physician Results Form, which you will take with you to your annual physical with your personal physician.



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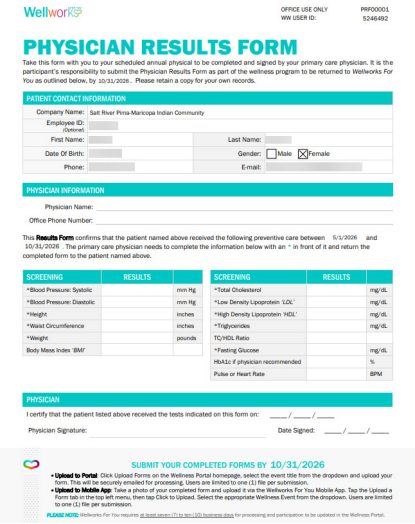
5. A PDF document will download. Print and save the document.
   ** NOTE: Do not share this document with anyone. Your personal information will populate in the Patient Contact Information.

   Take this form with you to your scheduled annual physical to be completed and signed by your primary care physician. Your physician will fill in all required information. Any information left blank will result in having an incomplete form. This may hold up results until all sections have been complete. It is the participant's responsibility to submit the Physician Results Form back to WellWorks For You, as part of Wellpath's Know Your Numbers program.



Wellworks

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 10/31/2026 . Please retain a copy for your own records.

PATIENT CONTACT INFORMATION

Company Name: Salt River Pima-Maricopa Indian Community
Employee ID: (Optional)
First Name: Last Name:
Date Of Birth: Gender: ☐ Male ☒ Female
Phone: E-mail:

PHYSICIAN INFORMATION

Physician Name:
Office Phone Number:

This **Results Form** confirms that the patient named above received the following preventive care between 5/1/2026 and 10/31/2026 . 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		mm Hg
*Blood Pressure: Diastolic		mm Hg
*Height		inches
*Waist Circumference		inches
*Weight		pounds
Body Mass Index 'BMI'		

SCREENING	RESULTS	
*Total Cholesterol		mg/dL
*Low Density Lipoprotein 'LDL'		mg/dL
*High Density Lipoprotein 'HDL'		mg/dL
*Triglycerides		mg/dL
TC/HDL Ratio		
*Fasting Glucose		mg/dL
HbA1c if physician recommended		%
Pulse or Heart Rate		BPM

PHYSICIAN

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

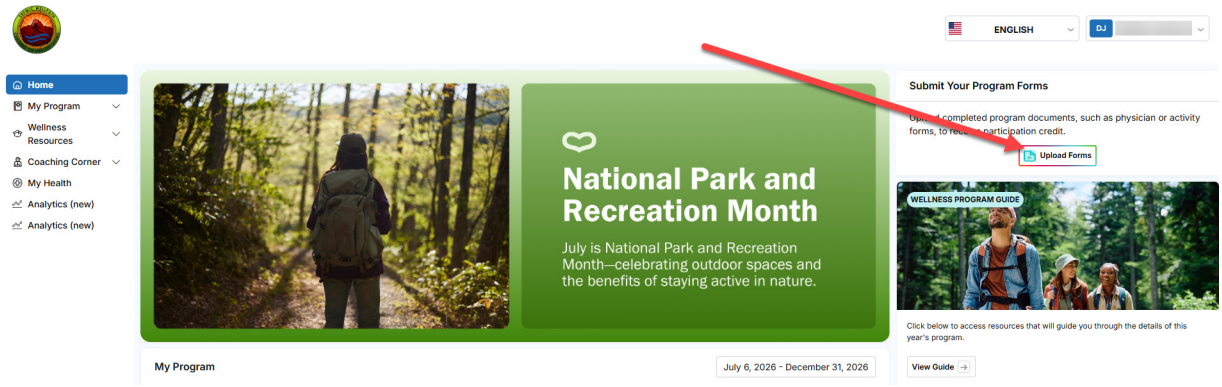
Physician Signature: Date Signed: ____/____/____

SUBMIT YOUR COMPLETED FORMS BY 10/31/2026

- **Upload to Portal**: Click Upload Forms on the Wellness Portal homepage, select the event title from the dropdown and upload your form. This will be securely emailed for processing. Users are limited to one (1) file per submission.
- **Upload to Mobile App**: Take a photo of your completed form and upload it via the Wellworks For You Mobile App. Tap the Upload a Form tab in the top left menu, then tap Click to Upload. Select the appropriate Wellness Event from the dropdown. Users are limited to one (1) file per submission.

PLEASE NOTE: Wellworks For You requires at least seven (7) to ten (10) business days for processing and participation to be updated in the Wellness Portal.

6. Upon completion of the form, you will upload the form on the WellWorks portal homepage, using the Upload Forms link (as seen below). Or upload using your mobile app.



Follow the prompts to upload your form to your WellWorks portal. Users are limited to one (1) file per submission.

NOTE: The SRP-MIC sponsored health plan covers an annual physical and preventive blood work 100% with no deductible or copay required. Simply schedule with your personal physician to complete KYN.

Email Wellness@SRPMIC-nsn.gov if you have questions or need additional assistance.