



# Complete your KYN Screening with Personal Physician

➤ Step-by-Step instructions on how to download the **Healthcare Provider Results Form** in My Pathway to Health for your personal physician to fill out.

- 1 Log into My Pathway to Health via website or app:  
<https://www.mypathwaytohealth.com/>



- 2 Once logged in, your SRPMIC Action List should appear.  
If you have not read and e-signed the Attestation, this would be a great time to do so. The Attestation is one of the requirements to complete the KYN process for 100 WellPath points.
- 3 The third item in your Action List is, **Complete a Biometric Screening (Provider Screening Form)**. Select Download Form, as seen below:

Take Action	Status
Attest to Completing the WellPath Orientation by 07/31/25	<a href="#">Complete OVF</a>
Complete a Biometric Screening (Onsite or Labcorp) by 07/31/2025 <a href="#">see more...</a>	<a href="#">Schedule Now</a>
Complete a Biometric Screening (Provider Screening Form) by 07/31/2025 <a href="#">see more...</a>	<a href="#">Download Form</a>
Complete the Know Your Number Questionnaire by 07/31/2025 <a href="#">see more...</a>	<a href="#">Complete Now</a>

- 4 When **Download Form** is selected, the **Healthcare Provider Results Form** should automatically start to download and open in a new window or open in your downloads folder. You will take the **Healthcare Provider Results Form** with you to your scheduled physical with your personal physician.
- 5 You and/or your physician will fill in **all** of the requested information on the form.




Note: any blank or unknown sections will result in having an **incomplete** form. This will put a hold in your portal until the sections are complete. Please contact [Wellness@SRPMIC-nsn.gov](mailto:Wellness@SRPMIC-nsn.gov) if you have any blank sections on your form prior to sending to Well Works for You, our My Pathway to Health administrators and partners.

Last, send the complete form to Well Works for You. You can complete this step by sending via secured email (HIPPA-complaint) or fax:

**[ohsecure@wellworksforyou.com](mailto:ohsecure@wellworksforyou.com)**  
**FAX: 219-796-9081**



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## HEALTHCARE PROVIDER RESULTS FORM

If you had a health screening on or after 07/15/2024, your provider should return this form to Orthus Health with ALL fields completed.

Please check with your healthcare provider and insurance company about the cost, if any, before scheduling your appointment.

### PATIENT CONTACT INFORMATION

COMPANY NAME:  EMPLOYEE ID NUMBER:

FIRST NAME:  LAST NAME:

DATE OF BIRTH:  ☐ MALE ☐ FEMALE

PHONE:  EMAIL:

### PHYSICIAN INFORMATION

PHYSICIAN NAME/OFFICE:

OFFICE PHONE/ADDRESS:

### Physician

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

Physician Signature:  Date Signed:

SCREENING	RESULTS
Blood Pressure (Systolic)	<input type="text"/>
Blood Pressure (Diastolic)	<input type="text"/>
Height	<input type="text"/>
Waist Circumference (in inches)	<input type="text"/>
Weight (in pounds)	<input type="text"/>

**Pregnancy**  
Was the patient pregnant during this screening?  
Yes ☐ No ☐

SCREENING	RESULTS
Total Cholesterol	<input type="text"/>
Low Density Lipoprotein (LDL)	<input type="text"/>
High Density Lipoprotein (HDL)	<input type="text"/>
Triglycerides	<input type="text"/>
Glucose (fasting)	<input type="text"/>
HbA1c (if physician recommended)	<input type="text"/>
Pulse (Heart Rate)	<input type="text"/>

### How to Submit Your Completed Form

All forms should be submitted to the Orthus Health Customer Support Department.

Please only submit your form once.

- Scan and email (recommended): [nsnsecure@wellworksforyou.com](mailto:nsnsecure@wellworksforyou.com)
- Fax: (219) 790-9061

**PLEASE NOTE:** You will receive a secure message via My Pathway to Health confirming receipt of your Healthcare Provider Results Form within 10 days of your submission.

Phone: (800) 550-2427 Email: [ohsecure@wellworksforyou.com](mailto:ohsecure@wellworksforyou.com) [www.mypathwaytohealth.com](http://www.mypathwaytohealth.com)

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 and download the KYN Healthcare Provider Results Form from the My Pathway to Health portal.

When My Pathway to Health receives your KYN Screening results they report to WellPath that you have completed the screening and your MyWellPath account will be updated for you.

The results from your KYN Screening are entered into your KYN Health Risk Assessment. Now your KYN Health Risk Assessment report includes this important health information to provide a comprehensive assessment of your health.