



HRA Biometrics Resubmission Form: City of Hickory

Please complete this form if you wish to resubmit your biometrics and/or blood work from your recent health risk assessment. Assessments can be completed by your primary care physician, however this form will also need to be given to your onsite nurse practitioner or physician assistant to sign and submit to Synergy Healthcare for completion. Only one (1) resubmission per quarter will be accepted. Please note, you do not have to resubmit all sections below, only the biometric or blood work that you would like to resubmit.

Patient's Name: _____

Date of Birth: _____

Phone Number: _____

Section 1: Biometrics

Height: _____

Weight: _____

Blood Pressure: _____

Waist Circumference: _____

Section 2: Blood Work

Fasting Blood Sugar: _____

Wellness Participant Signature: _____ Date: _____

Provider's Signature: _____ Date: _____

*Onsite NP/PA Signature: _____ Date: _____

**Onsite NP/PA signature only required if you visit your primary care physician. If the onsite NP/PA completed your resubmission information, only one signature is required.*

If you have any questions, please visit your onsite clinic nurse practitioner or physician's assistant, or contact Synergy Healthcare at 980-505-8400. Please do not send resubmission forms to Synergy Healthcare or to your Employer, forms must be given to the onsite clinic.