



Minidoka Memorial Hospital
1224 8th Street
Rupert, ID 83318

"A Better Life, A Better Way"

Health Fair Admission Form Completion Instructions

Following is a blank Health Fair Admission form that can be filled out on-line and printed or just printed to be completed by hand. If you are not very comfortable with this type of form completion, the top portion with Name, Address SS# and Date of Birth is the easiest and most important. The remainder can easily be completed with a pen. (The information you enter in the form cannot be saved. When the box opens to "Save", click on the "No" option.)

To complete the form use the "Tab" or "Arrow" in-between each letter or number as you type in your information. Using the "Enter" key will cause an error, which you can safely ignore.

To expedite the registration process, please bring the Health Fair Admission form with you when you come to the hospital laboratory for your blood draw. Present yourself to the Registration Volunteers to pay the fee and obtain the tubes for the blood collection.

We have envelopes or you can bring a self addressed envelope or an address label. If you would like the results mailed to you upon completion, please provide stamp or a stamped envelope. As has been a practice for many years, you may pick up your results at the Health Fair and discuss them with a Healthcare provider at the fair. Those unclaimed results will be mailed out during the following week. Be certain that your mailing address is accurate as we have had undeliverable results in the past.

MINIDOKA MEMORIAL HOSPITAL



Laboratory Services

Last Name: _____ First Name: _____ Initial: _____
Address: _____ City: _____ State: _____ Zip: _____
Social Security #: _____ (Optional) Phone Number: _____
When were you born?: _____ Gender _____

We are required to have the name of your Healthcare provider (Doctor) so we can contact them in case there are values that need PROMPT attention. Please enter the doctor's name (FIRST and LAST) and their city and state of practice.

PLEASE MARK TESTS DESIRED:

Chemistry Profile \$35
Complete Blood Count \$10
P.S.A. Test (Men only) \$10

TOTAL

Dr. Name: _____

City: _____

Do you want your report faxed to them? Yes No

To enable more accurate interpretation of your Health Fair results, please answer the following questions. The **questionnaire is optional**, but the answers will help your Healthcare provider several **days from now** to know what factors may be contributing to your results **today**.

How do you feel today compared to the way you usually feel? Same Better Worse

What was your main course at dinner last night?

Did you get sore muscles this week from strenuous exercise or a fall? Yes No

Are you on a regular high protein diet? Yes No

Do you take antacids? Daily Weekly Occasionally Rarely Never

Do you take extra Potassium? Yes No Vitamins with Iron? Yes No

Do you take Thyroid medicine? Yes No Medicine to control your sugar? Yes No

After your Healthcare provider has received your Health Fair results, you may request a copy of this form faxed to them to assist with your care.

HEALTH FAIR RECEIPT

Please complete and tear off if you wish to seek insurance company reimbursement.



Minidoka Memorial Hospital
1224 8TH Street
Rupert ID 83350

NAME: _____

Date of birth: _____

Insurance Subscriber # : _____

Tests performed: CBC \$10.00 PSA \$10.00

Chemistry panel w/TSH & Iron \$35.00

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Received by: _____ Date: _____