

Health Navigator Screening Request

Are you due for a screening? Your team at Hill Physicians is here to help you stay healthy. Hill Physicians members may contact our Health Navigators directly every business day from 8am to 5pm at 1-925-327-2901 or send a request using the online form below.

| Patient Name: (Required) | | | |
|--|-----------------------|---------------------------|-------------------------------------|
| Prefix | First | Last | |
| Patient Info: | (Required) | | |
| Date of Birth | / | _ Gender: 🗌 Female 🏻 | ☐ Male ☐ Other |
| Requestor N | ame | | |
| Prefix | _ First | Last | |
| What can we | e help with? (Require | ed) | |
| ☐ Schedulin | g a mammogram | \square Getting a FOBT/ | FIT Kit (in-home stool sample test) |
| \square Scheduling a bone density scan \square Scheduling a retinal eye exam | | | |
| ☐ Help findi | ng or changing your p | orimary care physician | ☐ Getting a Colonoscopy Scan |
| Order a lab t | est for: | | |
| ☐ A1C levels | Nephropathy | Other Lab Test: | |
| | | | |
| Phone: (Requ | uired) () | | |
| ☐ Check this | box if you do not wan | t detailed voicemail mess | sages left at this phone number |
| ☐ Do not lea | ve voicemail messages | 5 | |
| Email: | | | |