

BLOOD CHEMISTRY SCREENING

Paramus Health Department
1 Jockish Square, Paramus, NJ 07652

PREVENT. PROMOTE. PROTECT.

Paramus
Health
Department

Friday, September 22, 2023
Saturday, September 23, 2023
7:00 am - 9:00 am

Services Offered

Health Screen (Chem 23, Lipids and CBC) - \$22

TSH - \$22 | T4 - \$8 | T3 - \$8

PSA - \$25 | Vit D - \$22 | A1C - \$17

Cardiac Risk Panel - \$34

Open to all Adult Paramus Residents, Employees and their Families

Must Pre-register

For more information:
201 265-2100 x2300 or
ibrown@paramusborough.org

Paramus Health Department

Borough of Paramus

Fee: \$22.00 Health Screen II (CBC, CHEM, LIPID)
\$27.00 Health Screen III (+ T4)
\$40.00 Health Screen IV (+ PSA)
\$25.00 PSA MEN ONLY
\$22.00 TSH (Thyroid Stimulating Hormone)
\$ 8.00 T4 (Total Thyroxine)
\$ 8.00 T3 (uptake)
\$17.00 Hemoglobin A1C
\$22.00 Vitamin D, 25 OH, Total
\$34.00 Homocysteine & hs-CRP (Cardiac Risk Panel)

- Checks made out to Centers Laboratory for exact amount
- No food or drink for 12 hours before test time.
- No blood drawn without proper fee.
- Cannot be reimbursed by insurance or Medicare

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Date & Time _____ HS II: Yes ___ No ___ HS III(T4): Yes ___ No:___ HS IV(PSA): Yes ___ No ___

TSH: Yes ___ No ___ T4: Yes ___ No ___ T3: Yes ___ No ___ VIT. D: Yes ___ No ___ PSA: Yes ___ No ___

A1C: Yes ___ No ___ HOMOCYSTEINE & hs-CRP (CARDIAC RISK PANEL) Yes ___ No ___

**PARAMUS HEALTH DEPARTMENT
CONFIDENTIAL HEALTH HISTORY**

NAME: _____ DATE: _____

ADDRESS: _____ DATE OF BIRTH: _____

EMAIL: _____ AGE: _____

PHONE: _____ RACE: White ___ Asian ___
African American ___

CELL PHONE: _____ EMP. EXT. _____ Hispanic ___ Other ___
Marital Status: Choose One

PHYSICIAN'S NAME: _____ DR.'S PHONE _____

ADDRESS: _____

Describe Health History:

	<u>Self</u> / <u>Blood Relative</u>		<u>Self</u> / <u>Blood Relative</u>
Anemia	_____/_____	High Cholesterol	_____/_____
Arthritis	_____/_____	Kidney Disease	_____/_____
Cancer	_____/_____	Liver Disease	_____/_____
Diabetes	_____/_____	Lung Disease	_____/_____
Heart Disease	_____/_____	Prostate Disease	_____/_____
Hypertension	_____/_____	Osteoporosis	_____/_____

Do you exercise? Yes No

Do you drink alcoholic beverages daily? Yes No

Do you smoke? Yes No

Are you currently being treated for any illness? Yes No

If yes, what illness? _____

Current Medications: _____

Blood Pressure _____ Pulse _____ Height _____ Weight _____

I release the Paramus Board of Health from responsibility for follow-up regarding the result of my blood chemistry.

I agree to forward one copy of the results of my blood chemistry to my physician including both results that are normal and results outside the reference range. In addition, I authorize the Paramus Board of Health to contact my physician on my behalf about any significant unusual results.

In the event that I am unable to pick up the results of my blood chemistry screening, I authorize _____ to receive them in a sealed envelope.

The nurses may reach me by phone to discuss any unusual findings.

I am aware that I am responsible for the cost of the screening test.

Signature