Client Identification

Program # ___ ___ ___

Facility # ___ ___ ___ ___ ___

ID # ____ ____ ____ ____ ____ ____ ____ ____ ____

Screening Visit Date: ___ ___ / ___ ___ / ___ ___ ___ ___
(mm / dd / yyyy)
(*Enter Visit Date from* ***Screening form***)

Last Name ____
Please PRINT

First Name ____
Please PRINT

Middle Initial ______

Lab Results

Blood Lipids:

1. Did client fast at least 9 hours prior to having blood drawn for lipids or glucose measurements?
   - ◯ 1. Yes
   - ◯ 2. No

2. Lipids Draw Date: __ __ / __ __ / __ __ __ __
(mm / dd / yyyy)

2a. Total cholesterol: ____ ____ ____ mg/dL

2b. HDL cholesterol: ____ ____ ____ mg/dL

2c. LDL cholesterol: ____ ____ ____ mg/dL

2d. Triglycerides: ____ ____ ____ ____ mg/dL

Blood Glucose (ONLY if fasting):

3. Glucose Draw Date: __ __ / __ __ / __ __ __ __
(mm / dd / yyyy)

3a. Glucose reading: ____ ____ ____ mg/dL *(if previously diagnosed diabetic, place letter* ***D*** *here instead of reading)*

****Immediate work-up needed if: Glucose ≤50 or ≥250 mg/dL***

HbA1C (if non-fasting or previously diagnosed diabetic):

4. HbA1C Draw Date: __ __ / __ __ / __ __ __ __
(mm / dd / yyyy)

4a. HbA1C reading: ____ ____ ____ %

NOTE: For any Lipids reading (2a-2d) not completed, place the appropriate letter in the item's box: ***R*** *= Refused;* ***I*** *= Inadequate blood sample*
If LDL reading (2c) could not be determined, place the following letter in the item's box: ***L*** *= LDL could not be determined*

NOTE: For Glucose reading (3a) not completed, place the appropriate letter in the item's box: ***R*** *= Refused;* ***I*** *= Inadequate blood sample;*
D *= Previously diagnosed with diabetes*

NOTE: ***If Diagnosed Diabetic or Non-Fasting****, but HbA1C reading (4a) not completed, place the appropriate letter in the item's box:* ***R*** *= Refused;*
I *= Inadequate blood sample;* ***N*** *= Not possible at this site*

Follow-Up Plan

5. Glucose work-up planned? ***(Based on 3a. Glucose reading only; not to be used for HbA1C)***
   - ◯ 1. Yes
   - ◯ 2. No
   - ◯ 3. Follow-up-workup by alternate provider
   - ◯ 4. Refused

Program Staff Initials: ___ ___ ___