

**Client Identification**

Program # \_\_\_\_\_

Facility # \_\_\_\_\_



ID # \_\_\_\_\_

Last Name \_\_\_\_\_  
*Please PRINT*

First Name \_\_\_\_\_  
*Please PRINT*

Middle Initial \_\_\_\_\_

Follow-up Service Date or Refused/LTF Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(mm / dd / yyyy)*

↳ Screening Visit Date generating follow-up: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(mm / dd / yyyy)*

Refused

Lost to follow-up



Comment:

**Blood Pressure Measurement (for Abnormal [ $>140/$ or/ $90$ ] or Alert Value [ $>180/$ or/ $110$ ] Follow-up)**

1. Blood Pressure (*two readings required*):

1a. 1st Reading: \_\_\_\_/\_\_\_\_ mmHg

1b. 2nd Reading: \_\_\_\_/\_\_\_\_ mmHg

Unable to obtain

**Treatment**

2. What type of treatment was prescribed?

	For Blood Pressure	For Glucose
1. Medication	<input type="radio"/>	<input type="radio"/>
2. Therapeutic Lifestyle Changes (TLC)	<input type="radio"/>	<input type="radio"/>
3. Both Medication and TLC	<input type="radio"/>	<input type="radio"/>
4. Nothing Prescribed	<input type="radio"/>	<input type="radio"/>
5. Already on Medication	<input type="radio"/>	<input type="radio"/>
6. Treatment Refused	<input type="radio"/>	<input type="radio"/>