

COMMUNITY HEALTH SCREENING INDICATORS

LOCATION _____ DATE (Mo/Da/Yr) _____

	F	M	Age	BMI	Syst	Diast	Diab	Exer	Toba	F/U	COMMENTS
							Y N	Y N	Y N	Y N	
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LOCATION _____ DATE (Mo/Da/Yr) _____

	F	M	Age	BMI	Syst	Diast	Diab	Exer	Toba	F/U	COMMENTS
							Y N	Y N	Y N	Y N	
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LOCATION _____ DATE (Mo/Da/Yr) _____

	F	M	Age	BMI	Syst	Diast	Diab	Exer	Toba	F/U	COMMENTS
							Y N	Y N	Y N	Y N	
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LOCATION _____ DATE (Mo/Da/Yr) _____

F	M	Age	BMI	Syst	Diast	Diab	Exer	Toba	F/U	COMMENTS
						Y N	Y N	Y N	Y N	

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