

COMMUNITY HEALTH SCREENING INDICATORS & FOLLOW-UP Location: _____ Date: _____

#	NAME: LAST(Nom/Apellidos)FIRST(Prenoms/Nombres)	PHONE OR OTHER CONTACT INFORMATION	M	F	AGE	BMI	Sy sto lic	Dia sto lic	Dia bet Y/N	Exe rcis Y/N	Tob acc Y/N	F/U Y/N	COMMENTS
1													
2													
3													
4													
5													
6													
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21													
22													
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24													
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41													
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61													
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81													
82													
83													
84													
85													
86													
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89													
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