

**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													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

**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
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													

**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
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
51													
52													
53													
54													
55													
56													
57													
58													
59													
60													

**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
61													
62													
63													
64													
65													
66													
67													
68													
69													
70													
71													
72													
73													
74													
75													
76													
77													
78													
79													
80													

**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
81													
82													
83													
84													
85													
86													
87													
88													
89													
90													
91													
92													
93													
94													
95													
96													
77													
98													
99													
00													