HEALTH

CLINICIAN-COMPLETED AND RECORD REVIEW

1. Client’s height: _____ ft _____ in
   □ Not collected

2. Client’s weight: _____ lbs _____ oz
   □ Not collected

3. Client’s BP: Systolic (upper number): _______  Diastolic (lower number): _______
   □ Not collected

4. [OPTIONAL] Client’s Total Cholesterol (mg/dl): _______
   □ Not collected

5. [OPTIONAL] Client’s LDL cholesterol (mg/dl): _______
   □ Not collected

6. [OPTIONAL] Client’s HDL cholesterol (mg/dl): _______
   □ Not collected

7. [OPTIONAL] Client’s Triglycerides (mg/dl): _______
   □ Not collected

8. [OPTIONAL] Client’s fasting glucose (mg/dl): _______
   ○ Client did not fast
   ○ Not collected

9. [OPTIONAL] Client’s fasting insulin (uU/ml): _______
   ○ Client did not fast
   ○ Not collected

10. [OPTIONAL] Client’s hemoglobin A1c (HbA1c): _______
    □ Not collected