

**Wichita & Affiliated Tribes
Health Programs/SDPI
HEALTH SCREENING
PLEASE PRINT**

Name _____ D.O.B. _____ Tribe _____

Address _____ Home Phone _____

- | | | |
|--|-----------|----------|
| 1. Family history of heart disease? | _____ Yes | _____ No |
| 2. Personal history of heart disease? | _____ Yes | _____ No |
| 3. Family history of diabetes? | _____ Yes | _____ No |
| 4. Personal history of diabetes? | _____ Yes | _____ No |
| 5. Personal History of High Blood Pressure | _____ Yes | _____ No |
| 6. Do you smoke? | _____ Yes | _____ No |
| 7. Do you consider yourself overweight? | _____ Yes | _____ No |
| 8. Do you exercise? | _____ Yes | _____ No |

List all medical conditions: _____

List any medication(s) you are currently taking: _____

CONSENT FOR SERVICES

_____ I give my permission to have blood taken by a finger stick for the purpose of screening for diabetes and/or cholesterol. I also give my permission for my blood pressure, height, weight, % of body fat and BMI measured. I understand that this is a screening only and is not meant to be a substitute for a complete medical examination. In the event that my blood glucose level or blood pressure is high today, I understand that I need to seek prompt medical attention. I give my permission to give this information to my private physician. I understand that this information is considered confidential.

Signature

Date

RESULTS

Blood Glucose _____ mg/dl

Height _____

A1c _____

Weight _____

Body Fat % _____

BMI _____

Blood Pressure _____ mm/Hg

Heart Rate _____ Bpm