

Follow-Up After HBSS Clinical Measurements:			Follow-Up After HBSS Date: _____	
Patient: _____			Tracking Number: _____	
Height : _____ in	Weight: _____ lbs	BMI: _____	Waist: _____ in.	Is Patient Fasting? Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Measurements Tab</u>				
1 st BP Reading:		_____ / _____ mm Hg		
2 nd BP Reading:		_____ / _____ mm Hg		
Average BP Reading:		_____ / _____ mm Hg		
<u>Blood Pressure Alert</u> *Alert BP: Systolic >180 OR Diastolic > 120 mm Hg Alert Action: Requires immediate medical evaluation				
Medically Necessary <input type="checkbox"/> BP Alert Date: _____ BP Alert Follow-Up Date: _____ Not Medically Necessary <input type="checkbox"/> Medically Necessary Follow-Up Appointment Declined <input type="checkbox"/> Client Refused Work-up <input type="checkbox"/>				
<u>Blood Work Tab</u>				
Cholesterol				
Total Cholesterol-Fasting or Non-Fasting		_____ mg/dl		
HDL Cholesterol-Fasting or Non-Fasting		_____ mg/dl		
LDL Cholesterol-Fasting Only		_____ mg/dl		
Triglycerides-Fasting Only		_____ mg/dl		
Blood Glucose *Alert Fasting Glucose: ≤ 50 OR ≥250 mg/dl				
Blood Glucose-Fasting		A1c Percentage:		
Test Result: _____ mg/dl		% Test Result: _____		
Why No Test: _____		Why No Test: _____		

This form is to be completed by provider and health coach with data obtained via medical records. This form must be sent to ADPH with their HICF 1500 for reimbursement.