



Patient: _____ DOB: _____ Date: _____

MED-IT ID: _____

CLINICAL MEASUREMENTS

Height: _____ in. Weight: _____ lbs. Waist: _____ in. Fasting (at least 9 hours)
☐ Yes ☐ No

Blood Pressure

1st BP Reading: _____ / _____ mm HG

2nd BP Reading: _____ / _____ mm HG

Average BP Reading: _____ / _____ mm HG

Blood Pressure Alert

*Alert BP: Systolic >180 mm HG **OR** Diastolic >120 mm Hg **Requires immediate medical evaluation**

Is a medical follow-up for blood pressure reading necessary?

- ☐ Medically necessary
☐ Not medically necessary
☐ Medically necessary follow-up appointment declined

Date of follow up appointment: ____/____/____

Cholesterol

Total Cholesterol: _____ mg/dl

HDL Cholesterol: _____ mg/dl

LDL Cholesterol: _____ mg/dl

Triglyceride: _____ mg/dl

Blood Glucose

Blood Glucose (Fasting)

A1C

_____ mg/dl

_____ mg/dl

Risk Reduction Counseling Session: Start Date: _____ Completion Date: _____

Health Coaching Referral Date: _____

Adjusted Medication Plan

- | | | | |
|---|------------------------------|-----------------------------|---|
| Was patient prescribed a new medication for hypertension today? | ☐ Yes | ☐ No | ☐ Not Applicable |
| Was patient prescribed a new medication for cholesterol today? | ☐ Yes | ☐ No | ☐ Not Applicable |
| Was patient prescribed a new medication for diabetes today? | ☐ Yes | ☐ No | ☐ Not Applicable |