



AGENCY OR SITE	CHART #	eCaST ID
LAST NAME	FIRST NAME	DATE OF BIRTH

CLINICIAN INSTRUCTIONS: Please fill in each part below.

Medical Evaluation — Workup (Instructions: Required within 7 days for clients with Alert Values)

<h2>Blood Pressure</h2> <p>Alert Values Systolic BP > 180 or Diastolic > 110</p> <p>Uncontrolled Hypertension ≥ 140 Systolic or ≥ 90 Diastolic</p>	<p>Diagnostic workup is Complete Date: __/__/__</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medication Counseling was provided* <i>*required for follow-up of uncontrolled hypertension</i> <input type="checkbox"/> Medication prescribed <input type="checkbox"/> Medication changed <input type="checkbox"/> Referred for Medication Therapy Management (MTM) <input type="checkbox"/> Referred for Chronic disease self-management (CDSMP) 	<p>Diagnostic Workup is not Complete Date: __/__/__</p> <ul style="list-style-type: none"> <input type="checkbox"/> Follow-up — Workup by alternate provider <input type="checkbox"/> Client refused workup <input type="checkbox"/> Client lost to follow-up
	OR	

<h2>Diabetes</h2> <p>Alert Values Blood Glucose ≤ 50 or ≥ 250</p>	<p>Diagnostic workup is Complete Date: __/__/__</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medication Counseling was provided <input type="checkbox"/> Medication changed <input type="checkbox"/> Medication prescribed <input type="checkbox"/> Referred for Medication Therapy Management (MTM) <input type="checkbox"/> Referred for Diabetes Self-Management Education (DSME) 	<p>Diagnostic Workup is not Complete Date: __/__/__</p> <ul style="list-style-type: none"> <input type="checkbox"/> Follow-up — Workup by alternate provider <input type="checkbox"/> Client refused workup <input type="checkbox"/> Client lost to follow-up
	OR	

Comments/Notes



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CLINICIAN INSTRUCTIONS: OFFICE USE ONLY.

Clinical Measurement Results				
Height (inches)	Weight (pounds)	BMI	Waist circumference (inches)	Hip circumference (inches)

	1 st Reading	2 nd Reading	BP Date/Visit Date
Blood Pressure	____/____	____/____	____/____/____

	Fasting Status (at least 9 hrs.)	Total Cholesterol mg/dL (fasting or nonfasting)	HDL cholesterol mg/dL (fasting or nonfasting)	LDL Cholesterol mg/dL (fasting)	Triglycerides mg/dL (fasting only)	Cholesterol Measurement Date
Cholesterol	<input type="checkbox"/> Yes <input type="checkbox"/> No					____/____/____

	Glucose/A1c Measurement Date	Glucose (fasting)	A1C Percentage
Glucose	____/____/____		

Results (circle to indicate client status per disease area)*

*All Women with Disease-level Blood Pressure or Lab Values MUST be referred for Medical Evaluation if not currently being treated

<p>Blood Pressure</p> <p><u>Alert Values*</u> Systolic BP > 180 or Diastolic > 110</p> <p><u>Uncontrolled Hypertension*</u> ≥ 140 Systolic or ≥ 90 Diastolic</p> <p><u>Predisease-Level Values Prehypertension</u> 120—139 Systolic or 80—89 Diastolic</p>	<p>Cholesterol</p> <p><u>Disease-Level Values*</u> Total Cholesterol ≥ 240 Fasting LDL Cholesterol ≥ 160 Triglycerides ≥ 200</p> <p><u>Predisease-Level Values</u> Total Cholesterol = 200-239 HDL Cholesterol < 40 Fasting LDL Cholesterol = 130-159 Triglycerides = 150-199</p>	<p>Glucose</p> <p><u>Alert Values (fasting or nonfasting)*</u> A1C ≥ 10% Blood Glucose ≤ 50 or ≥ 250</p> <p><u>Disease-Level Values*</u> A1C ≥ 6.5% Fasting Plasma Glucose ≥ 126</p> <p><u>Predisease-Level Values</u> A1C = 5.7-6.4% Fasting Plasma Glucose = 100-125</p>	<p>BMI</p> <p><u>Predisease-Level Values</u> BMI ≥ 25</p> <p>History/Behaviors</p> <p><u>Predisease-Level Values</u> Smoker Physical Activity Poor Nutrition</p>
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