

Last Name		First Name		MI
Address			City	State Zip Code
Date of Birth	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Care Physician <input type="checkbox"/> Yes (Name _____) <input type="checkbox"/> None	
Phone number () --		Email address		
Race <input type="checkbox"/> Black/ African American <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Other	Insurance Carrier <input type="checkbox"/> Private <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> None	Would you like more information about Health and Wellness programs through Novant Health? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, email address: _____		

Cardiovascular (CV) Risk Factors (Self-reported)

<input type="checkbox"/> Personal history of CV disease CAD / CVA / TIA	<input type="checkbox"/> Smoking/tobacco use Cig / Cigar / Snuff / Chew
<input type="checkbox"/> Family history of premature CV disease	<input type="checkbox"/> Diabetes <input type="checkbox"/> Pre-Diabetes
<input type="checkbox"/> Overweight	<input type="checkbox"/> Stress
<input type="checkbox"/> Lack of exercise < 3x/wk and/or 30 mins. a day	<input type="checkbox"/> Leg Pain, Cramping, Fatigue, Numbness when walking
<input type="checkbox"/> High Blood Pressure On meds <input type="checkbox"/>	<input type="checkbox"/> Age: Male > 45 Female > 55
<input type="checkbox"/> High Blood Cholesterol On meds <input type="checkbox"/>	

- Were you aware of your health risk factors prior to this screening? Yes No
- Has this screening process helped increase your awareness of risk factors? Yes No

Data	Normal Values	Data	Normal Values		
Height: ___ feet ___ inches		ABI: Right ___ Left ___	0.9 – 1.29		
Weight: _____ lbs					
BMI: _____	18.5 - 24.9				
Waist Circumference: _____ in	< 40 in Men < 35 in Women				
Body Fat: _____ %	8-24% in Men / 21-35% in Women				
BP: _____ / _____ mm Hg	< 120/80 mm Hg				
Pulse: _____ beats/min	60-100 beats/min				
Total Cholesterol: _____ mg/dL	< 200 mg/dL				
HDL: _____ mg/dL	>40 Men >50 Women mg/dL				
LDL: _____ mg/dL	<100/<70 mg/dL				
Triglycerides: _____ mg/dL	<150 mg/dL				
Blood Glucose: _____ mg/dL	<100 mg/dL fasting				
Fasting: <input type="checkbox"/> Yes <input type="checkbox"/> No	<140 mg/dL non-fasting				
Hemoglobin A_{1c}: _____ %	< 5.7%	Bone Mineral Density:	-1.0 ⇄ +1.0		
A_{1c} processed and QC √:					

Wellness Coach: _____ Date: _____

If limited English proficient or hearing impaired, offer interpreter at no additional cost:

Interpreter Accepted

Interpreter Refused

(Name/Number of Person/Services Chosen/Used)