**Blood Pressure _____/_____**

# Lions Diabetes Awareness Foundation of MD 35

Blood Sugar Screening Consent Form

**Screening Location (County):** **Name (Printed)**

**Club:** **Date:** / /

## THIS IS ONLY A SCREENING – IT IS NOT A DIAGNOSIS

**I give consent to a blood sugar screening by the Lions Club**

Signature: Witness (if child)

**HEALTH RISK ASSESSMENT** (Please circle answers)

(1) **Race:** White Black or African American Asian or Pacific Islander American Indian or Alaskan native Multiracial Indian Hispanic Origin Caribbean Other:_____

(2) **Sex:** F M Other

(3) **Age:** 0-10 11-18 19-42 43-62 63+

(4) **Do YOU have:** High Blood Pressure (even if you take medication)? **Yes No**
Kidney Disease? **Yes No**

(5) **Do you have FAMILY HISTORY of:** Diabetes? **Yes No** High Blood Pressure? **Yes No**
Eye Disease? **Yes No**

(6) **Have you ever had an eye exam? Yes No** Date of last "dilated eye exam" **Year** ____

(7) **Have you ever been diagnosed with:** Glaucoma Macular Degeneration Cataracts
Diabetic Retinopathy Detached Retina Eye Injury

(8) **Have you had eye surgery? Yes No** If yes, what type? _____

(9) **Are you Diabetic?** No Type 1 Type 2 Gestational Pre-Diabetic **How long? ____ Years**

(If you answered "No" to question 9, this concludes the Health Risk Assessment Section.)

(10) **Current diabetes therapy:** Insulin Oral Medication Diet Control None

(11) **What was your last A1C%** _____

**Screening Results – Administrative Use Only**

**Last time Client ate food or drank a beverage with sugar? About 3+ hrs. (fasting) 2 hr. 1 hr.**

| Results | Normal Value | Referred? |
|---|---|---|
| _____ | 3 hours or longer (70-100 mg/dl) | Yes No |
| _____ | 2 hours (60-110 mg/dl) | Yes No |
| _____ | 1 hour (90-150 mg/dl) | Yes No |

**Blood Sugar Screener (Print Name)** _____

**Comments:** _____

_____

**Referral refused by (client's signature)** _____

Camera # _____

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