COMMUNITY HEALTH SCREENING INDICATORS & FOLLOW-UP Location:_____ Date:_____

REG #	NAME: LAST(Nom/Apellidos)FIRST(Prenoms/Nombres)	PHONE OR OTHER F/U CONTACT INFORMATION	M	F	AGE	BMI	Systolic	Diastolic	Diabet Y/N	Exercis Y/N	Tobacc Y/N	F/U Y/N	COMMENTS

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