

**MISCELLANEOUS SCREENINGS AND
LABORATORY TESTS PERFORMED ON-SITE**

Enter provider's initials in same block with test result

Patient ID Number
LOC/SITE#

Patient Name

Tests/Collection date:													
Height													
Weight													
Head Circumference													
BMI													
Blood Pressure													
Temperature													
Pulse													
Respiration													
Vision	Right												
	Left												
	Both												
Hearing	1000		R	L	R	L	R	L	R	L	R	L	
	2000												
	4000												
Collection Time		Units											
ALT		U/L											
AST		U/L											
Fecal Occult Blood													
Glucose		mg/dL	timing_____										
Hemoglobin		g/dL											
Hemoglobin A1C		%											
Influenza													
Lead		µg/dL											
Pregnancy, Urine													
Streptococcus, Group A													
Urine Dipstick	glucose	mg/dL											
	bilirubin												
	ketones	mg/dL											
	specific gravity												
	blood	ery/µL											
	pH												
	protein	mg/dL											
	urobilinogen	mg/dL											
	nitrite												
leukocytes													
Lipids (record results or place sticker)	Cholesterol	mg/dL											
	Triglycerides	mg/dL											
	HDL	mg/dL											
	LDL	mg/dL											
	Non-HDL	mg/dL											
	TC/HDL												

**MISCELLANEOUS SCREENINGS AND
LABORATORY TESTS PERFORMED OFF SITE- REFERRALS**

{ Patient ID Number LOC/SITE# }

{ Patient Name }

Test/Collection date:					
Collection time:					
PAP					
LMP					
Mammogram					
VDRL					
GC/CT					
HIV	Green label here				
Rubella					
Blood Type					
Rh Type					
Rh antibody					
HBs AG					
Urine C & S					
AFT					
1 hr glucose					
3 hr GTT					
Lead					
CBC					
TSH					
Lipid Profile					
TB Panel					
AST					