MISCELLANEOUS SCREENINGS AND
LABORATORY TESTS PERFORMED <u>ON-SITE</u>

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			R	L	R	L	R	L	R	L	R	L
	1000											
	2000											
	4000											

Collection Time	Units					
ALT	U/L					
AST	U/L					
Fecal Occult Blood						
Glucose	mg/dL	timing_____	timing_____	timing_____	timing_____	timing_____
Hemoglobin	g/dL					
Hemoglobin **NON-Invasive**	g/dL					
Hemoglobin **A1C**	%					
HIV, rapid test		☐ oral ☐ fingerstick	☐ oral ☐ fingerstick	☐ oral ☐ fingerstick	☐ oral ☐ fingerstick	☐ oral ☐ fingerstick
Influenza						
Lead	µg/dL					
Pregnancy, Urine						
Streptococcus, Group A						

Urine Dipstick	glucose	mg/dL					
	bilirubin	mg/dL					
	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						

CH-12A (Rev.03/22)

MISCELLANEOUS SCREENINGS AND
LABORATORY TESTS PERFORMED <u>ON-SITE</u>- Continuation Form
Enter provider's initials in same block with test result

Test/Collection date:						
Collection time:						
Urine Sediment Microscopies	RBC	/hpf				
	WBC	/hpf				
	EPI's	/hpf				
	Cast/ Crystals (note type)	/lpf				
	Bacteria, parasites, yeast, other	/lpf				
Wet Mount Vaginal Fluids	"**Trich**"= Trichomonas vaginalis present "**Yeast**"= Yeast cell present "**FE**"= Fungal element present					
KOH Preparation Vaginal Fluids	"**CC**"-Clue cell present "**Neg**"= none of the above seen					
pH, Vaginal Fluids						
Amines, Vaginal Fluids						

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MISCELLANEOUS SCREENINGS AND
LABORATORY TESTS PERFORMED <u>OFF-SITE REFERRALS</u>

Test/Collection date:					
Collection time:					
Type of Test: Pap Primary HPV Co-test	Indicate which test performed:	Indicate which test performed:	Indicate which test performed:	Indicate which test performed:	Indicate which test performed:
LMP					
Type of breast imaging: Mammogram (M) Ultrasound (US) MRI	Indicate which imaging performed:	Indicate which imaging performed:	Indicate which imaging performed:	Indicate which imaging performed:	Indicate which imaging performed:
VDRL					
GC/CT					
HIV	Green label here	Green label here	Green label here	Green label here	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					

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