



MD 35 LIONS OF FLORIDA AND THE BAHAMAS BLOOD SUGAR SCREENING CONSENT FORM

Lions Diabetes Awareness Foundation of MD 35



Screening Location: _____ Name (Print): _____

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

Date: _____ (Signature): _____ (Witness): _____

Health Risk Assessment

- (1) **Age** 0-10 11-18 19-40 41-60 60+
- (2) **Race** White Black Asian or Pacific Islander American Indian or Alaskan Native
 Multiracial Indian Hispanic Origin Caribbean Other _____
- (3) **ARE YOU DIABETIC?** Yes No **If No go to question (6)**
- Diabetes Mellitus:** Type 1 Type 2 Gestational Pre-diabetes
- Duration of Diabetes (in years):** _____
- Current Diabetes Therapy:** Insulin Oral Diabetic Medicine Diet Control None
- (4) **A1C:** _____% **Last time tested:** <6 months >6 months Unknown
- (5) **Participant reports diabetes is under control?** Yes No
- (6) **Do you have High Blood Pressure?** (Even if you take medication) Yes No
- (7) **Do you have Kidney or Renal disease?** Yes No
- (8) **Do you have a family history of?** **Diabetes** Yes No **High Blood Pressure** Yes No
Eye Disease Yes No **Kidney or Renal disease** Yes No
- (9) **Do you have eye doctor** Yes No **Your Last exam by an Eye Doctor:** m____/y____
 Participant has never had an eye exam
- (10) **Have you ever been diagnosed with?** Glaucoma Macular Degeneration Cataracts
 Diabetic Retinopathy
- (11) **Have you had Eye Surgery?** Yes No **What type?** _____
- (12) **What EYE problems are you currently being treated for?** _____

Screening Results – Administrative Use Only

Blood Sugar Screening

It has been about: 1 hr. 2 hrs. 3+ hrs. since I last ate food and/or drank a beverage with sugar.

RESULTS	NORMAL VALUE	REFERRED?
_____	3 Hours (70-100 mg/dl)	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	2 Hours (60-110 mg/dl)	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	1 Hour (90-150 mg/dl)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Visual Acuity (Pass/Fail) Right: P / F **Left:** P / F **VA Screener:** _____

Blood Sugar Screener: _____ **Retina Screener:** _____

Comments: _____

THIS IS ONLY A SCREENING

IT IS NOT A DIAGNOSIS