

Screening Consent Form

Personal Information:

Name: _____ Phone: _____

Address: _____ M _____ F _____ Age: _____

City/State/Zip: _____

Physician's Name: _____

Consent and Release: Cholesterol Screening and Blood Sugar Screening

I hereby consent to the drawing of a blood sample for the purpose of measuring my cholesterol and blood sugar levels. In consideration of having my blood sugars and cholesterols measured, I hereby release Eastgate Drug and any other organization(s) associated with this screening, their affiliates, directors, officers, employees, successors, and assigns, from any liability arising from or in any way connected with this blood drawing for these measurements or from the data derived therefrom. I understand that:

1. The data derived from my test is considered preliminary only and does not constitute a diagnosis of hypercholesterolemia and/or diabetes.
2. If the results of my cholesterol measurements suggest that I may be at risk of heart disease or diabetes according to the National Institutes of Health guidelines, I should contact my personal physician for follow up.
3. The responsibility for initiating a follow-up exam to confirm the results of this screening and obtain professional medical assistance is mine alone and not that of any organization associated with this screening.

Signature: _____ Screener: _____

Print Name: _____ Date: _____

Risk Factors for Coronary Heart Disease

Low HDL: (Good cholesterol)

Smoking

Family History of Coronary Heart Disease

Hypertension (High Blood Pressure)

Diabetes (High Blood Sugar)

Age: Males over age 45
Females over age 55