Community Health Hub Cholesterol Tracking Sheet
for EWM clients in Med-It

- One client per page please, for scanning purposes.
- Please PRINT legibly. If we are not able to find client in Med-It, CHH will not receive payment for client.

Client Name: _____

Med-It Client ID: _____   **DOB:** _____ / _____ / _____

Check the box that applies:

❏ **PRE** cholesterol
*If submitting a **PRE cholesterol** for a EWM client email or fax 402-471-0913 results to your TA*
Natalie.Kingston@nebraska.gov or Aaron.Sweazy@nebraska.gov

OR

❏ **POST** cholesterol
*If submitting a **POST cholesterol** for a EWM client **upload this form** via survey monkey with the completion of the follow up assessment.*

Blood Pressure: _____ / _____

Date of finger stick: _____ / _____ / _____   **Client Fasting?:** ❏Yes ❏No

<table>
<tr><td>*Place client cholestech label/results here

</td></tr>
</table>

Name of CHH and/or staff submitting form: _____

Date form submitted: _____ / _____ / _____

Name of CHH submitting form: _____ 4/2022