

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

*Place client cholestech label/results here

Name of CHH and/or staff submitting form: _____

Date form submitted: _____/_____/_____