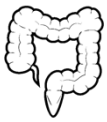
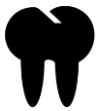
PUBLIC HEALTH SERVICE 2016

FORM A

Language preference: _____

Sticker label here

	Eligibility	*Interested (tick if yes)*	*Completed (tick if yes)*	*Outcome*
PHLEBOTOMY 	☐ Fasted for ≥ 8h ☐ Have not done glucose/lipids test in past 1 year ☐ Not diagnosed with HLD/DM			☐ **FMC Phlebotomy** *(Strike out if participant is doing phlebo onsite)*
FIT 	☐ ≥ 50 years old ☐ Have not done FIT in the past 1 year ☐ Have not done colonoscopy in the past 3 years ☐ Not diagnosed with colorectal cancer			Kit Collected: **Y / N** Kit No:
WOMEN CANCER EDUCATION 	☐ Female ≥ 40 years old			F/U Plan: ☐ **NIL** ☐ Pap Smear ☐ SCS Mammo ☐ SWCDC Mammo
GERIATRIC SCREENING 	☐ ≥60 years old			F/U Plan: ☐ **NIL** ☐ S&B Home ☐ MHC ☐ Eye Voucher
ORAL 	☐ ≥40 years old			F/U Plan: ☐ **NIL** ☐ NUS Dentistry ☐ External

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VITALS

HEIGHT:	**1st BP:**
WEIGHT:	**2nd BP:**
BMI:	**3rd BP (IF ANY):**
	AVE. BP:

DOCTOR'S CONSULT

RECOMMENDED FOR DOCTOR'S CONSULT: ☐ Yes ☐ No ☐ Encouraged But Refused

REASONS:

Please tick and indicate details

For History Taking Volunteers			For Geriatrics Volunteers	
☐ **HIGH BP**	☐ **URINARY INCONTINENCE**	☐ **OTHERS**	☐ **VISUAL ACUITY**	☐ **FALL RISK**
BP:	ICIQ:		Pinhole VA:	Reasons:

DOCTOR'S CONSULT STATUS: ☐ Completed

HISTORY (FOR EXHIBITION AMBASSADORS)

Please tick and indicate details if necessary

☐ **PAST/FAMILY HISTORY OF DIABETES**	☐ **PAST/FAMILY HISTORY OF CVS DISEASE/CVA**	☐ **FAMILY HISTORY OF CANCER**	☐ **SMOKING**	☐ **ALCOHOL CONSUMPTION**
OTHERS: ☐ **FURTHER FINANCIAL ASSISTANCE** ☐ **CHAS SIGN UP/TIER CHANGE**				