



Systematic Screening Tool

Encounter Label

Screen women (but not OB patients) and men.

Write BMI and BP. Ask about each item and check the items that apply.

Which services does the patient need?

Offer the respective service based on the items checked.

Check the main reason for the visit.

- ☐ Family planning
- ☐ Pregnancy test
- ☐ Sexually transmitted infection (STI)
- ☐ Diabetes test or control
- ☐ Other _____

Body Mass Index (BMI)

Height in Feet and Inches	Weight in Pounds																			
	120	130	140	150	160	170	180	190	200	210	220	230	240	250						
4'6"	29	31	34	36	39	41	43	46	48	51	53	56	58	60						
4'8"	27	29	31	34	36	38	40	43	45	47	49	52	54	56						
4'10"	25	27	29	31	34	36	38	40	42	44	46	48	50	52						
5'0"	23	25	27	29	31	33	35	37	39	41	43	45	47	49						
5'2"	22	24	26	27	29	31	33	35	37	38	40	42	44	46						
5'4"	21	22	24	26	28	29	31	33	34	36	38	40	41	43						
5'6"	19	21	23	24	26	27	29	31	32	34	36	37	39	40						
5'8"	18	20	21	23	24	26	27	29	30	32	34	35	37	38						
5'10"	17	19	20	22	23	24	26	27	29	30	32	33	35	36						
6'0"	16	18	19	20	22	23	24	26	27	28	30	31	33	34						
6'2"	15	17	18	19	21	22	23	24	26	27	28	30	31	32						
6'4"	15	16	17	18	20	21	22	23	24	26	27	28	29	30						
6'6"	14	15	16	17	19	20	21	22	23	24	25	27	28	29						
6'8"	13	14	15	17	18	19	20	21	22	23	24	25	26	28						

Underweight Healthy weight Overweight Obese

Weight Management

BMI _____

- ☐ BMI is 25 or more



- ☐ Interested in losing weight



Diabetes

- ☐ BMI ≥ 25 and:

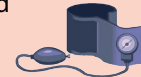
- ☐ Hispanic, Native American, African American or Asian

- ☐ Parents, brothers or sisters have had diabetes



BP _____

- ☐ High blood pressure $\geq 140/90$



- ☐ Seldom does physical activities like walking briskly, running, dancing or playing soccer



- ☐ Skin is darker in some areas, like the neck



Family Planning

- ☐ Wants pregnancy to occur this year



- ☐ Interested in using a birth control method



- ☐ Interested in changing methods

Sexually Transmitted Infections

- ☐ Has had a new sexual partner in the past year



- ☐ Interested in being tested for sexually transmitted infections



Clinician test, service or counseling:

- ☐ Provided
- ☐ Schedule future visit with clinician
- ☐ Schedule counseling with HE/BHC/CPSP
- ☐ Not applicable

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HE, BHC, CPSP education or counseling today:

- ☐ Provided

- ☐ Provided

- ☐ Provided

- ☐ Provided



Instrumento para la revisión sistemática de necesidades

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Índice de Masa Corporal (IMC)

Altura en pies y pulgadas	Peso en libras																			
	120	130	140	150	160	170	180	190	200	210	220	230	240	250						
4'6"	29	31	34	36	39	41	43	46	48	51	53	56	58	60						
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Bajo peso Peso normal Sobrepeso Obesidad

Control de peso

IMC _____

- ☐ Índice de masa corporal es 25 o más



- ☐ Interesada en bajar de peso



Diabetes

- ☐ IMC ≥ 25 y también:

- ☐ Hispano, Afro-Americano, Asiático-Americano, Nativo-Americano

- ☐ Padres o hermanos tienen diabetes



Presión arterial sanguínea _____

- ☐ Presión alta $\geq 140/90$



- ☐ Casi nunca hace ejercicio como caminar rápido, correr, bailar o jugar fútbol



- ☐ La piel está ennegrecida en algunas áreas como el cuello



Planificación familiar

- ☐ Quiere embarazarse o causar un embarazo este año



- ☐ Interesada en usar un método anticonceptivo



- ☐ Interesada en cambiar de método

Infecciones de transmisión sexual

- ☐ Ha tenido más de una pareja sexual en el último año



- ☐ Interesada en pruebas para detectar infecciones de transmisión sexual



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