



Screening Form



Operation Diabetes
Wisconsin Society of Pharmacy Students
UW-Madison School of Pharmacy

American Pharmacists Association
Academy of Student Pharmacists

Diagnosed with Diabetes: Yes /No

| Current Medications | | | |
|---------------------|--------------------|-----------|--------------------|
| Drug/Dose | Directions/Purpose | Drug/Dose | Directions/Purpose |
| | | | |
| | | | |
| | | | |

Subjective:

Risk Factors

- Yes/No Family History (parents/sibling)
- Yes/No Age>45
- Yes/No BP >140/90 or on BP medication
- Yes/No High Cholesterol
- Yes/No Overweight (see Risk Assessment)
- Yes/No Physical Inactivity
- Yes/No Gestational Diabetes/Birth to child >9lbs*
- Yes/No Polycystic ovary syndrome*

Fasting? (NPO in the last 8 hours) Yes /No
If No, Food Consumed?

Objective:

Blood Glucose Reading: _____ mg/dl

Blood Pressure: _____ mmHg

Diabetes Risk Test Score: _____

(From Risk Assessment Sheet)

Assessment: *(check one)*

- Blood glucose normal, not at risk for DM
- Blood glucose normal, at risk for DM
- Blood glucose elevated

Plan: *(check one)*

- No referral
- Return for fasting glucose level
- Refer to PCP for further evaluation
- Other _____

(Please attach any additional notes)

(Attach sheet if needed for meds)

Signs and Symptoms

- Yes/No Frequent Urination
 - Yes/No Excessive Thirst
 - Yes/No Excessive Hunger
 - Yes/No Fatigue
 - Yes/No Dry Skin
 - Yes/No Vision Changes
 - Yes/No Neuropathy
 - Yes/No UTIs
 - Yes/No Weight Gain/Loss
 - Yes/No Vaginitis/Yeast Infection*
- *Females Only*

Is the patient Pregnant? Yes/ No

Meter #: _____

Strip Lot: _____

Exp Date: _____

Signature: _____

DPh. _____ / RPh.