

Mobile Diabetes Center (MDC) Screening Consent and Release Form



Your personal contact information will only be used to contact you for follow-up on abnormal screening results:

I, (please print) _____ hereby request that health screening test(s) be performed for me by the Mobile Diabetes Center (MDC) and Nebraska Methodist College. I hereby release both the MDC and Nebraska Methodist College, sponsors and volunteers from any and all liability including any matter or thing committed or omitted which may arise during the screenings or from the data derived therefrom. It is understood that:

1. The data derived from this test is to be considered as preliminary only and is in no way conclusive.
2. The responsibility for initiating any follow-up examination for abnormalities identified at the health screening event lies with me as the person responsible for my own health and not with any participating organization.
3. The MDC and Nebraska Methodist College will have access to my test results for the purposes of ascertaining whether these results are abnormal, aiding me in initiating in follow-up care, and suggestion of services where appropriate.
4. No other individual or agency will have access to my individual test results without express written permission from myself. Aggregate data may be used for report and research purposes. I have read and understood the following paragraphs.
5. I may refuse to answer any question that is not directly related to the services provided and still receive the services.
6. I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.
7. I agree to have a representative from Methodist contact me for follow-up regarding my test results.
8. I acknowledge that pictures will be taken at this event may be used for media purposes by the MDC, Nebraska Methodist College, and/or NEBRASKA METHODIST HEALTH SYSTEM. _____ Initial here if you agree.

Participant Signature: _____ **Date:** _____

PRINT First Name:		PRINT Last Name:	
City:	State:	Zip:	Phone:
What is your race/ethnicity:			
<input type="checkbox"/> African American		<input type="checkbox"/> Asian	
<input type="checkbox"/> Native Hawaiian or other Pacific Islander		<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> White or Caucasian		<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> Other:			
Would you say that in general your health is:		Do you smoke or chew tobacco?	Have you seen a physician/provider in the last year?
<input type="checkbox"/> Excellent		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Very good		Do you drink alcohol?	
<input type="checkbox"/> Good		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Fair			
<input type="checkbox"/> Poor			
Your Screening Score today:			
Question:	Your Answer	Points:	Your Score:
Your age:	<input type="checkbox"/> If under 40 years old.....	= 0 points	
	<input type="checkbox"/> If 40 – 49 years old.....	= 1 point	
	<input type="checkbox"/> If 50 – 59 years old.....	= 2 points	
	<input type="checkbox"/> If 60 years old or over.....	= 3 points	
Your Gender:	<input type="checkbox"/> Female.....	= 0 points	
	<input type="checkbox"/> Male or other.....	= 1 point	
If you are a Female, have you ever been diagnosed with gestational Diabetes?	<input type="checkbox"/> Yes.....	= 1 point	
	<input type="checkbox"/> No.....	= 0 points	
Family History of Diabetes (parent or siblings):	<input type="checkbox"/> No.....	= 0 points	
	<input type="checkbox"/> Yes.....	= 1 point	
Have been Diagnosed with high blood pressure or are you on medication for high blood pressure?	<input type="checkbox"/> No.....	= 0 points	
	<input type="checkbox"/> Yes.....	= 1 point	
Your Blood Pressure today: _____ / _____			
What is your BMI	<input type="checkbox"/> Underweight (below 18.5).....	= 0 points	
Your Weight today: _____ Your Height: _____	<input type="checkbox"/> Normal weight (18.5 – 24.9).....	= 0 points	
	<input type="checkbox"/> Overweight (25 – 29.9).....	= 1 point	
Your BMI today: _____	<input type="checkbox"/> Obese (30 – 40).....	= 2 points	
	<input type="checkbox"/> Over 40	= 3 points	
Are you physically active?	<input type="checkbox"/> Yes	= 0 points	
	<input type="checkbox"/> No (MINUS 1 POINT!!!!).....	= -1 point	
Total Score:			
<i>Add points (AND subtract points if you are not physically active), from questions above.</i>			
If your Total Score is greater than or equal to 4, you are at high risk for undiagnosed Diabetes or Prediabetes.			<input type="checkbox"/>
If your Total Score is greater than or equal to 5, you are at high risk for undiagnosed Diabetes.			<input type="checkbox"/>
See Your Primary Care Provider for follow-up blood work if your score is high.			<input type="checkbox"/>
Cholesterol:	HbA1C:	Blood Sugar:	

Please circle the appropriate answer:

- Is this your first visit with the Mobile Diabetes Center? Yes No
- Do you have a health care provider? Yes No
- Have you been fasting today? Yes No
- Have you ever been diagnosed with Diabetes? Yes No

From this event, I:			
<input type="checkbox"/> Will make lifestyle changes	<input type="checkbox"/> Am undecided on making lifestyle changes	<input type="checkbox"/> Will make no lifestyle changes	
I rate this event as:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor

Please share your copy of this screening with your provider. White Copy – MDC Yellow Copy – Participant

Understanding Your Results:

What is blood pressure?

- Blood pressure is the force of the blood against the walls of the arteries. The force is created by the heart as it pumps blood to all parts of your body.
- When someone takes your blood pressure, two numbers are recorded. The upper number is called the systolic pressure. The lower number is called the diastolic pressure.
- Systolic pressure is the blood pressure in the arteries when the heart is pumping blood. Diastolic pressure is the pressure in the arteries when the heart is resting and filling with blood for the next beat.

What does my blood pressure reading mean?

- There is no “perfect” blood pressure reading. An acceptable blood pressure falls within a range rather than being a particular pair of numbers. Blood pressure of less than 120 over 80 is considered normal for adults. Blood pressure between 120-139 over 80-89 is considered prehypertension and should be watched carefully. Making certain changes in your lifestyle may help if you have prehypertension. A blood pressure reading equal to or greater than 140 over 90 is considered high (hypertension). If your blood pressure is high, we may recommend that you call your health care provider or that you seek immediate medical care or treatment.

How can I lower my blood pressure?

- Eat a healthy diet: eat more fruits, vegetables, and low-fat dairy foods. Cut back on foods that are high in saturated fat, cholesterol, and Trans fats.
- Be more active - exercise regularly 150 minutes per week.
- Limit alcohol consumption 2 drinks per day for men and 1 drink per day for women.
- Take your medication as directed by your doctor.
- Decrease your stress level and practice relaxation techniques.
- Stop smoking.
- Lose weight if possible.

Total Cholesterol is the measurement of both the “good” (HDL) and “bad” (LDL) cholesterol in your blood at a given time. If you are overweight or have a family history of diabetes, your glucose levels should be checked periodically.

- **Desirable levels are less than 200 mg/dL**

Glucose (Blood sugar) is a measure of the sugar level in your blood. If you are overweight or have a family history of diabetes, your glucose levels should be checked periodically to see if you have diabetes.

- **Fasting glucose levels should be less than 100 mg/dL**

- **Non-Fasting glucose levels should be less than 140 mg/dL**

What is Hemoglobin A1C?

A1C is a blood test used to screen people to find out whether they have diabetes or prediabetes, and reflects the average blood sugar level for the past 2-3 months. It's also used in people who know they have diabetes to measure how well they are controlling their blood sugar and to guide their treatment decisions over time. Laboratory test results may vary depending on your age, gender, health history, the method used for the test, and many other factors. If your results are different from the results suggested below, this may not mean that you have a problem. Ask your health care provider to explain what the results mean for you.

What does my Hemoglobin A1C reading mean?

- Normal A1C is considered to be below 5.7 percent. Results between 5.7 and 6.4 percent may mean you have prediabetes. This means you have a higher risk of developing diabetes.
- Results of 6.5 percent or higher on two separate occasions may mean that you have diabetes.

Body Mass Index (BMI) is a useful measure of an overweight or an obesity condition, and is calculated from your height & weight. BMI is an estimate of body fat and is a useful

Height	Weight (lbs.)		
4' 10"	119-142	143-190	191+
4' 11"	124-147	148-197	198+
5' 0"	128-152	153-203	204+
5' 1"	132-157	158-210	211+
5' 2"	136-163	164-217	218+
5' 3"	141-168	169-224	225+
5' 4"	145-173	174-231	232+
5' 5"	150-179	180-239	240+
5' 6"	155-185	186-246	247+
5' 7"	159-190	191-254	255+
5' 8"	164-196	197-261	262+
5' 9"	169-202	203-269	270+
5' 10"	174-208	209-277	278+
5' 11"	179-214	215-285	286+
6' 0"	184-220	221-293	294+
6' 1"	189-226	227-301	302+
6' 2"	194-232	233-310	311+
6' 3"	200-239	240-318	319+
6' 4"	205-245	246-327	328+
	(1 Point)	(2 Points)	(3 Points)
You weigh less than the amount in the left column (0 points)			

Adapted from Bang et al., Ann Intern Med 151:775-783, 2009. Original algorithm was validated without gestational diabetes as part of the model.

Please contact the Principal Investigator for any questions or concerns regarding your rights as a participant in the screening and/or how the data collected for the MDC will be presented and used.

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