McLAREN FOOT SCREENING CONSENT/RISK ASSESSMENT FORM

Name:							_	☐ Female thnicity:	
							Date of Birth: / /		
Phone:				Email:			Age: Height: Weight:		
Name and Add	dress of	Your Pr	imary Physician:						
Name:		Phone:							
Address:				City:			Zip:		
			health screening & program reening?						
Medical Histor	ry, Pleas	se circle	either "yes" or "no" for ea	ch:					
1. Diabetes	Yes	No	5. History of Wounds	Yes	No	10. HTN	Yes	No	
2. Gout	Yes	No	6. History of Osteomyelitie	s Yes	No	11. Heart dz	Yes	No	
3. Cancer	Yes	No	7. Autoimmune disease	Yes	No	12. Hypercholesterolem		No	
4. Raynaud's	Yes	No	8. Neuropathy	Yes	No	13. Other	Yes	No	
Are you a curre	ent/forme	er smoke	r? Yes No If yes, now	much per	week? _	Current M	edications		

Release Form:

I understand that I am voluntarily requesting to participate in the McLaren Foot Assessment Screening. This screening is being provided to assist me in identifying area(s) in my lifestyle that may contribute to poor health. I understand this screening includes glucose level evaluation, an assessment of my pulse and blood pressure and foot assessment. I also understand the purpose and value of this program is primarily educational and is not meant to diagnose or treat any specific illness or disease. I also understand it is my sole responsibility to initiate a follow-up examination with my physician. I agree to voluntarily release McLaren, their employees, agents, volunteers, and other persons acting in any capacity on their behalf, from any and all claims or causes of action which are in any way connected to my participation in this screening. I have read and understand the above information.

Participant Signature:	Date:				
Assessments: Presence of Nail Pathology	Recommend Podiatry Care				
□ Normal (Systolic: less than 120 / Diastolic: le □ Elevated (Systolic: 120–129 / Diastolic: less					
Pedal Pulse Assessment: Pulse Rate:	Regular Irregular				
Monofilament Assessment:Image: No loss of SensationImage: Loss of SensationImage: Row Construction	Both				
Fissure: Yes No Maceration: Yes No Redness: Yes No Swelling: Yes No	Tinea: No Ulcers: No				
Glucose Results Glucose: □ Fasting / □ Non-fasting □ Normal (70–99 mg/dL) □ Pre-Diabetes (1					
Action Plan See your doctor to check: Blood Pressure Neuropathy Glucose Other: When: Immediately Within a week At your next scheduled visit	Pedal Pulse Toe Nails Notes:				
Other Considerations: □ Quit Smoking □ Healthy Eating □ Other:	Screening Results Reviewed by:				
CONSENT/RISK ASSESSMENT FORM					