

Supplement to LASA Case Study:

APPENDICES

Flyer for the 4/29/23 Event

Consent / Liability Form

Patient Flow Diagram

Briefing Slides for Oct. 20, 2022 (6 pages)

Visitor Record Form (5 pages)

Review of Systems

Visitor Clinical Summary (2 pages)

Visitor Triage Form

Visitor Intake Form (streamlined)

Diabetes Screening Sheet

References

Love All Serve All

FREE Health and Wellness Fair / Medical Screening

NO
COST

Location Sai Unity Center
40 Old Ferry Road, Lowell, MA 01854

Insurance
NOT
Needed

Date Saturday, April 29th, 2023

Time 8:00 am to 2:00 pm

Free
Reading
Glasses

Free
Dental
Hygiene
Kits

Services Offered

Internal Medicine

Blood Sugar/Cholesterol Test

Endocrinology

Blood Pressure

Cardiology

Body Mass Index

Vision Checkup

Cancer Awareness

Physical/Occupational Therapy

Dental Check/Fluoride Treatment

State Sponsored COVID Vaccinations

Vaccination Registration ONLY:



- Please do not eat or drink after midnight on Friday, April 28th 2023 for blood tests
- Please bring your medications

Health Fair Registration Details

Registration

<https://bit.ly/3QYEEAo>

Email

medicalcamp@lasane.org

Phone

949-525-7403 or 617-953-1080



WALK-INS WELCOME THROUGH 1:00 PM

LASA Foundation Inc

40 Old Ferry Road, Lowell, MA 01854

www.lasane.org

CONSENT TO HEALTH SCREENING AND WAIVER OF LIABILITY

NOTE: This free medical camp will observe The Standards for Privacy of Individual Health Information (Privacy Rule of HIPAA, Public Law No: 104-191)

The following information is required for health screening purposes only; should you need a more extensive medical check-up, the physician(s) examining you will inform you accordingly.

Name: _____ Age: _____ Sex: _____

Address: _____ Phone: _____

Disclosure

I am under the care of a Health Professional (Physician, Nurse Practitioner, Psychologist, Psychiatrist, or Counselor)

- Yes
 No

(If Yes, please note the name, phone, and address of the Health Professional)

Name: _____ Phone: _____

Address: _____

I understand, acknowledge, and agree to the following:

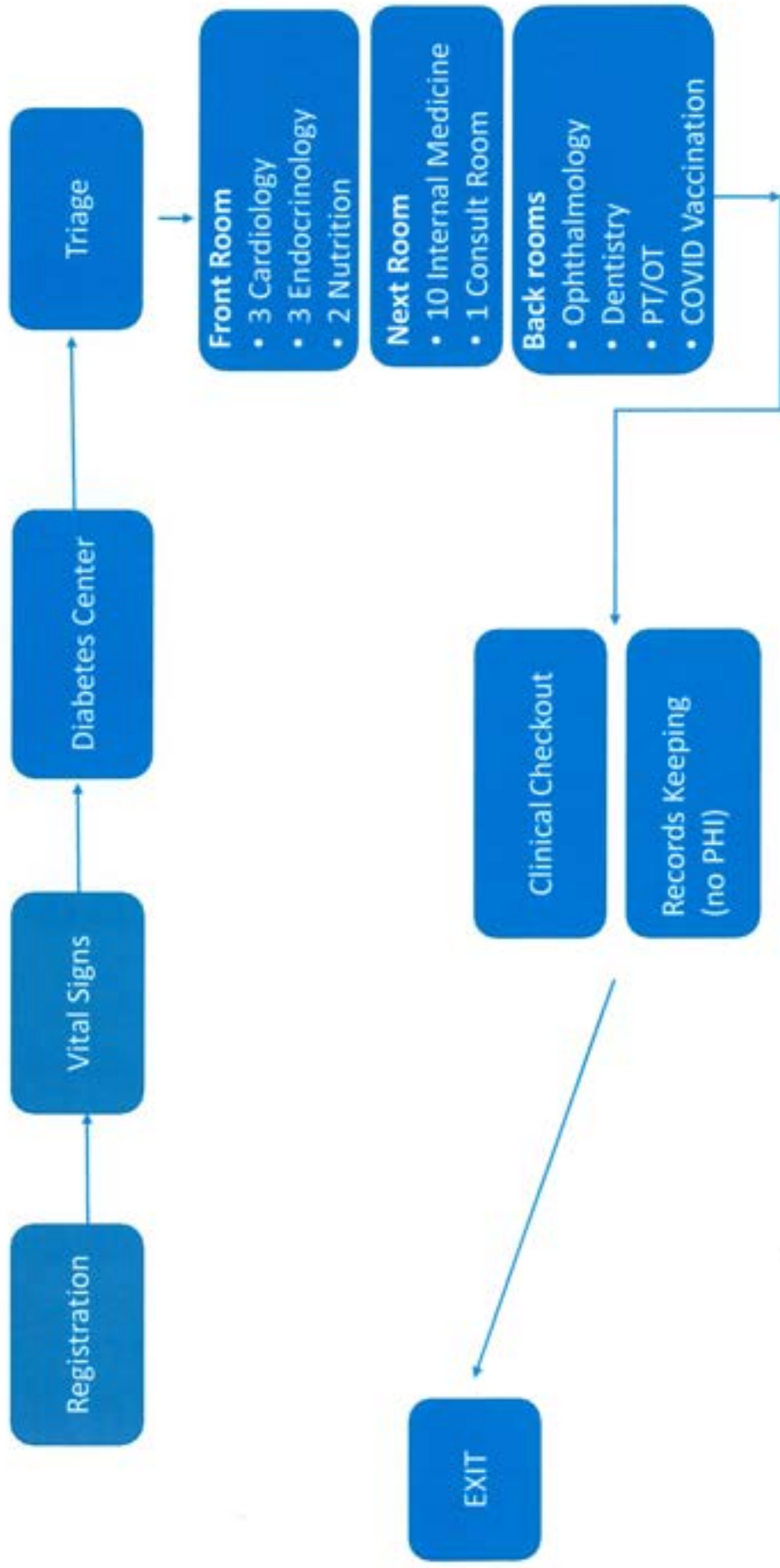
1. I am voluntarily participating in this free medical camp
2. This health screening is being conducted by volunteer Health Professionals for my best interest and is preliminary in nature only and is provided free of cost. Some of the services may not be available for all the patients due to the limited resources available.
3. The foundation, its Directors, Officers, members, and the participating Healthcare Providers make no claims, representations, nor guarantees with respect to the accuracy or precision of the evaluations due to the limited resources available.
4. It is my responsibility to follow up any recommendations that are made to me during this screening, and obtain follow-up testing, diagnosis, and advice from my personal physician.
5. I agree to indemnify and hold harmless the participating organizations and the volunteers including and not limited to LASA Foundation Inc. and Sai Unity Center from any and all claims, liability, and expenses (including attorney's fees and court costs) arising out of advice given or not given, test conducted or any action or inaction on the part of the participating organizations or volunteers during or after this health screening. I fully understand that my participation in this free medical service is voluntary and is of my own free will; The health screening process will be rendered by volunteers only, and no compensation is expected or will be charged. By rendering my consent to this screening process, I understand I am not receiving medical services and therefore agree to identify and hold harmless the participation organizations and volunteers from any and all claims, liabilities including attorney fees and court costs, arising from my participation or the advice given or not given, test(s) conducted or as a result of this health screening.
6. I understand that the activities of this medical service may be served or photographed and that such films or photographs may contain my picture or likeness I further understand that such films or photographs may be used for various purposes including films and publications for non-commercial or commercial purposes.
 Yes, I give permission
 No, I am unable to give permission
7. I understand that I have a right to privacy and a right of physician/patient privilege I explicitly waive my rights of privacy and physician/patient privilege and authorize the filming or photographing of my person or likeness for usage including but not limited to films or published articles for commercial or non-commercial purposes.

Signature: _____ Witness: _____

Intepreter: _____

LASA

Patient Flow





MRC Briefing

Medical Screening and Counseling Camp

October 20, 2022

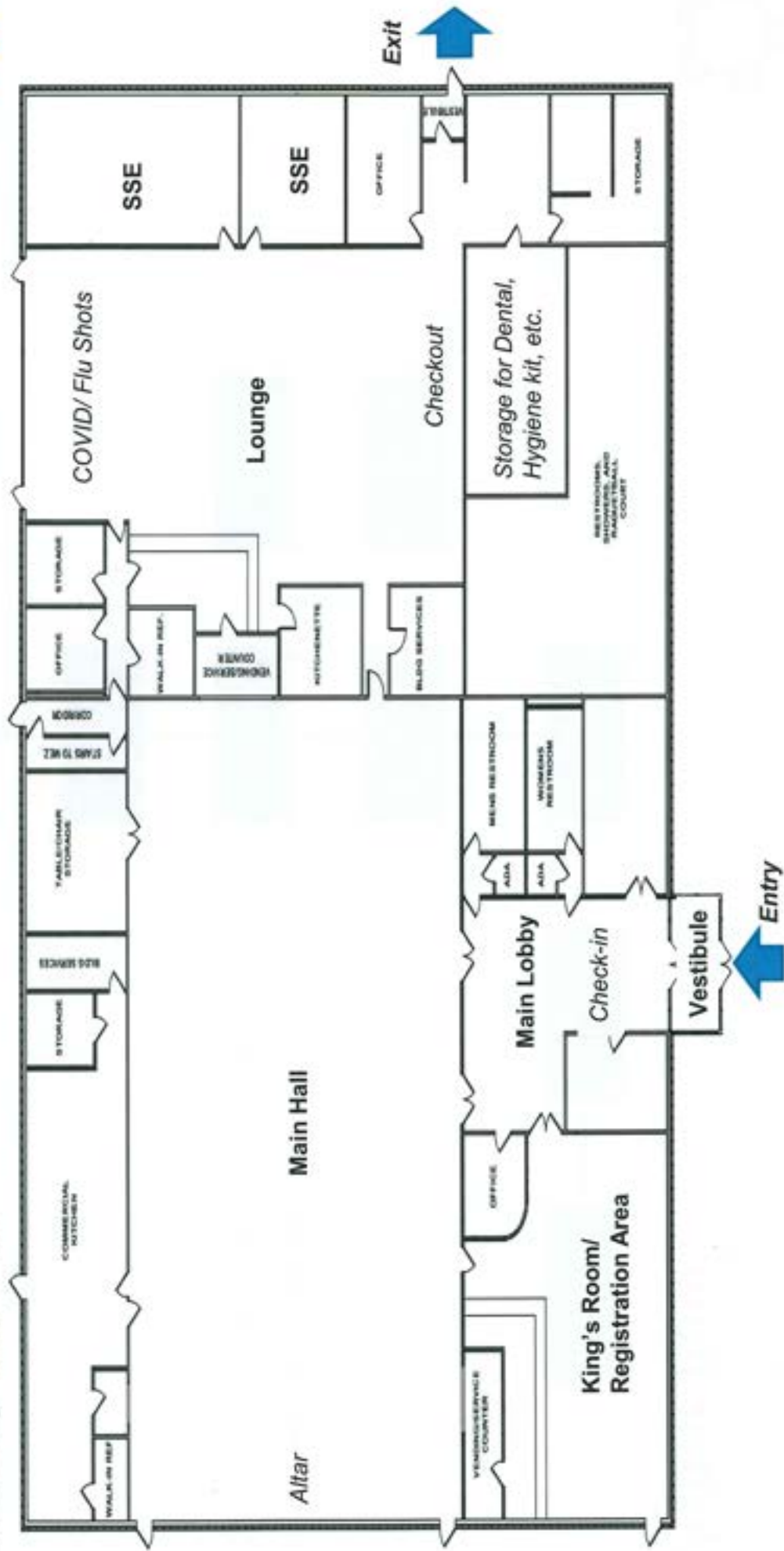
Agenda

- Welcome
- Objectives of the medical screening and counseling camp
- Facility layout and visitor flow
- Instructions for volunteers
- Q&A

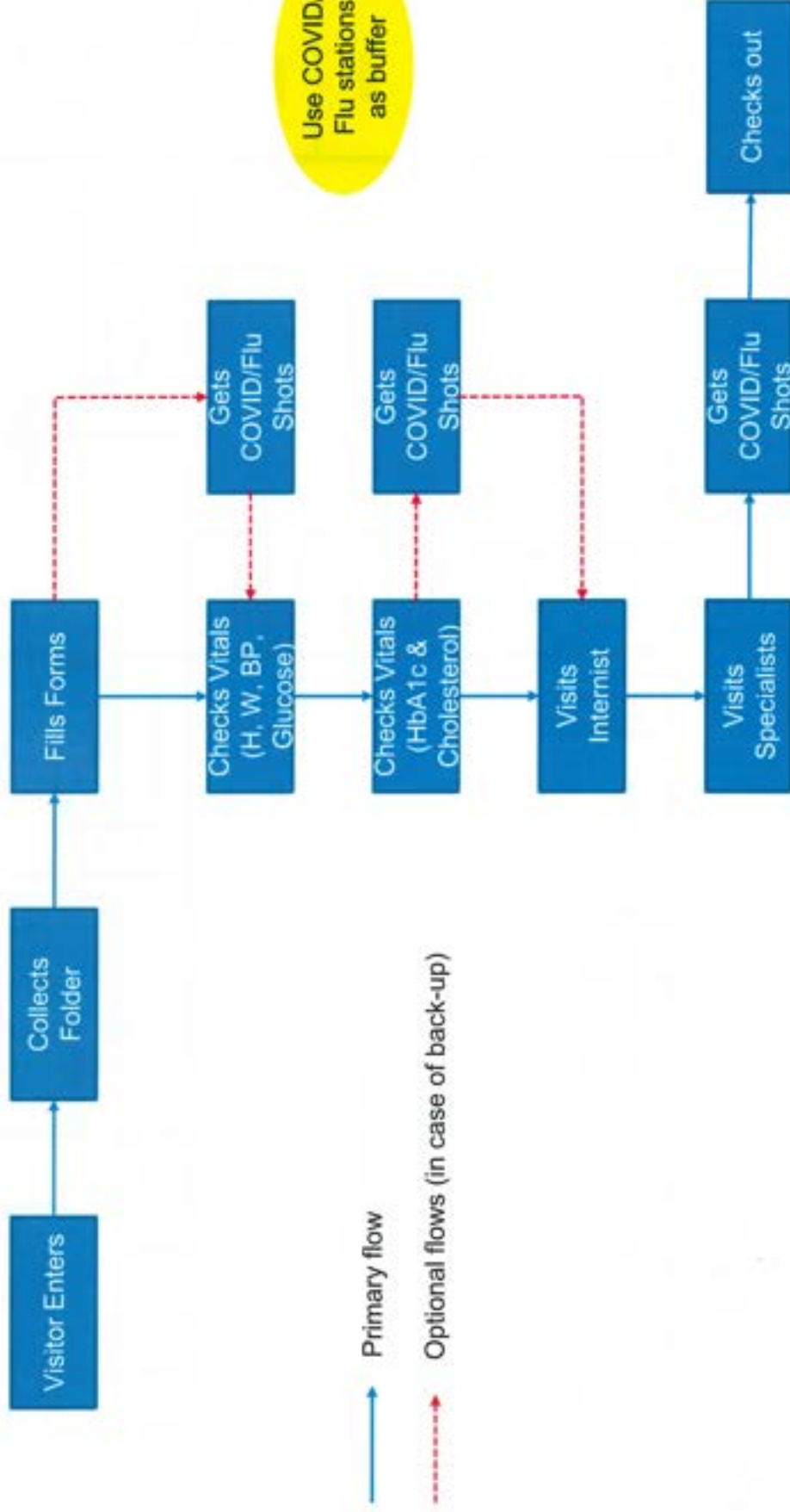




Facility layout



Visitor flow





Visitor flow (1 of 2)

Location	Activity	Description
Main Lobby	<ul style="list-style-type: none"> • Check Temperature • Provide Mask (mandatory) 	<ul style="list-style-type: none"> • Two volunteers • One checks temperature using infrared thermometer and the second person provides a mask – politely explain this is mandatory • If temperature > 100.4 F, politely explain policy and do not admit into premises; provide address of urgent care facilities (available at reception)
Main Lobby • Check-in	<ul style="list-style-type: none"> • Provide visitor folder • Direct to King's room 	<ul style="list-style-type: none"> • Three volunteers • Gives each visitor a numbered folder and directed to go to the "King's Room"
King's Room / Registration Area	<ul style="list-style-type: none"> • Fill out forms • Provide overview of plan for the visit 	<ul style="list-style-type: none"> • Volunteers help visitor fill out two forms <ul style="list-style-type: none"> • Consent form • Visitor Record Form • Volunteer countersigns witness portion of the Consent Form and collects it; visitor keeps the folder with the Visitor Record Form • Use translation facility/ translator if needed; Forms available in Spanish & Portuguese as well
Main Hall • Vitals Stations 1 & 2	<ul style="list-style-type: none"> • Record height, weight & BMI • Record blood pressure • Check blood sugar level 	<ul style="list-style-type: none"> • Volunteers will take the visitor from the registration area to vitals stations 1&2 in the main hall through the connecting door • Volunteer nurses will perform all tasks and enter information into the visitor record form
Main Hall • Vitals Station 3 (Diabetes Center)	<ul style="list-style-type: none"> • Check HbA1c • Check cholesterol 	<ul style="list-style-type: none"> • Volunteers will take visitor to the Diabetes Center (Vitals Station 3) • Nurse will review forms and determine if HbA1c & cholesterol tests are required and record results if test is performed • Nurse will also provide basic information to visitor



Visitor flow (2 of 2)

Location	Activity	Description
Main Hall • Internist Stations (1-10)	• Assess visitor (internists to follow common checklist as far as possible)	• Volunteers stays outside the internist room unless visitor requires translation • Internist examines the visitor and makes notes on the Visitor Record Form • Internist directs visitor to the next activity per his/ her professional assessment (oncology, cardiology, ophthalmology, dental, PT)
Main Hall & SSE Classrooms - Specialist Stations	• Provide specialist services	• Based on the internist's assessment volunteer takes visitor to specialist stations • Specialist will make notes on the form as needed
Lounge – COVID & Flu shots	• Administer shots	• Per visitor request or internist guidance, volunteer leads visitor to the lounge • Cataldo registration process takes over • After vaccination, volunteer takes visitor to check-out desk
Lounge – Checkout desk	• Check for follow-up instructions from internist/ specialist • Photocopy Visitor Record Form for patients requiring follow-up	• Three volunteers • Check if the Visitor Record Form has a check mark for follow-up • If yes, photocopy the entire form (all pages) • Return folder with the visitor record form to the visitor
Lounge – Take-home packs	• Dental kit • Hygiene kit • Sandwiches/ energy bars	• 3-6 volunteers • Replenish stock of goodies – to be stored in the gym (ahimsa room) • Volunteer directs visitor out of the building through the side entrance

VISITOR RECORD FORM

Visitor #: _____

Follow-up Recommended? YES / NO

Name:				Gender:	M F	Age:	
	(Last Name)	(First Name)	(MI)				

Please check the response that applies to you. If any other, list below	YES	NO	Comments
1. Do you have any blood pressure problems?			
2. Do you have diabetes?			
3. Do you have any heart disease?			
4. Do you have or had any type of cancer? If YES, state type:			
5. Do you have high cholesterol?			
6. Do you smoke?			
7. Have you ever had a CT scan of your lungs? If YES, when was the last one:			
8. Do you consume alcohol? If YES how often?			
9. Do you have any breathing trouble?			
10. If you are female, ages 40-74, have you ever had a mammogram? If YES, when was the last one:			
11. If you are female, ages 21-65, have you ever had a Pap smear? If YES, when was the last one:			
12. If you are in ages 45-78, have you ever had a colonoscopy? If YES, when was the last one:			
13. If you are male and ages 55-69, have you ever had a rectal exam and PSA test? If YES, when was the last one:			
Please list any health-related concerns you have:			

VISITOR RECORD FORM

Weight (lbs)	Height (in)	BMI

Blood Pressure	PPulse Rate	SpO2

Lab Results	Blood Sugar	A1c	Cholesterol
Fasting / Random			

Reference Ranges

- BMI**

Underweight	< 18.5		
Healthy weight	≥ 18.5	and	< 25
Overweight	≥ 25	and	< 30
Obese			≥ 30

- BP Measurement:**

	SBP		DBP
Normal	<120	and	<80
Pre-hypertensive	120-139	or	80-89
Hypertension Stage 1	140-159	or	90-99
Hypertensive Stage 2	≥160	or	≥100

- Blood Glucose: (interpretation for fasting levels only)**

< 100 = Normal • 100-125 = Pre-diabetes • 126 and above = High (Refer for further check for Diabetes)

- Hb A1c:**

Below 5.7 = Normal • 5.7 to 6.4 = Pre-diabetes • 6.5 or above - Diabetes

- Lipid Panel:**

Total Cholesterol

≤200 = desirable

201-239 = borderline

≥240 = high

VISITOR RECORD FORM

INTERNAL MEDICINE:

Findings:

Recommendations (to be followed-up with Primary Care Physician):

CARDIOLOGY:

Findings:

Recommendations (to be followed-up with Primary Care Physician):

VISITOR RECORD FORM

ONCOLOGY:

Findings:

Recommendations (to be followed-up with Primary Care Physician):

Dental Screening (Not a replacement for comprehensive examination)

Treatment Needs (check ONE only based on screening results):

- No Obvious Problems** – The visitor's hard and soft tissue appear to be visually healthy and there is no apparent for the visitor to be seen before the next routine dental checkup.
- Requires Dental Care** – Tooth decay¹ or a white spot lesion² is suspected in one or more teeth, or gum infection³ is suspected.
- Requires Urgent Dental Care** – Obvious tooth decay¹ is present in one or more teeth, there is evidence of injury or severe infection, or the visitor is experiencing pain.

¹ Tooth decay: A visible cavity or hole in a tooth with brown or black discoloration, or a retained root

² White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay

³ Gum infection: Gum (gingival) tissue is red, bleeding or swollen

VISITOR RECORD FORM

PHYSIOTHERAPY:

Assessment:

OPHTHALMOLOGY/ OPTOMETRY:

Assessment:

Thank you for the opportunity to be of service!

Visitor #: _____

REVIEW OF SYSTEMS

Check (✓) the following conditions
that apply to your health.

Check here if none apply ➡

Place Patient Sticker Here

Revised 10/7/14

1. CONSTITUTIONAL

- Chills
- Fatigue
- Fever
- Weight gain
- Weight loss

2. HEENT

- Hearing loss
- Sinus pressure
- Visual changes

3. RESPIRATORY

- Cough
- Shortness of breath
- Wheezing

4. CARDIOVASCULAR

- Chest pain
- Pain while walking (Claudication)
- Edema
- Palpitations

5. GASTROINTESTINAL

- Abdominal pain
- Blood in stool
- Constipation
- Diarrhea
- Heartburn
- Loss of appetite
- Nausea
- Vomiting

6. GENITOURINARY

- Painful urination (Dysuria)
- Excessive amount of urine (Polyuria)
- Urinary frequency

7. METABOLIC/ENDOCRINE

- Cold intolerance
- Heat intolerance
- Excessive thirst (Polydipsia)
- Excessive hunger (Polyphagia)

8. NEUROLOGICAL

- Dizziness
- Extremity numbness
- Extremity weakness
- Headaches
- Seizures
- Tremors

9. PSYCHIATRIC

- Anxiety
- Depression

10. INTEGUMENTARY

- Breast discharge
- Breast lump
- Hives
- Mole change(s)
- Rash
- Skin lesion

11. MUSCULOSKELETAL

- Back pain
- Joint pain
- Joint swelling
- Neck pain

12. HEMATOLOGIC

- Easily bleeds
- Easily bruises
- Lymphedema
- Issues with blood clots

13. IMMUNOLOGIC

- Food allergies
- Seasonal allergies

If you need a Primary Care Physician, please call:
Lowell Community Health Center
161 Jackson Street, Lowell, MA 01854
(978) 937-9700

LASA

Visitor #: _____

VISITOR CLINICAL SUMMARY

Endocrinology
Findings:
Recommendations:
Cardiology
Findings:
Recommendations:
Internal Medicine
Findings:
Recommendations:
Ophthalmology
Findings:
Recommendations:
Dentistry
Findings:
Recommendations:

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LASA

Visitor #: _____

Nutrition
Findings:
Recommendations:
PT/OT
Findings:
Recommendations:

Notes:

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Lowell Community Health Center
161 Jackson Street, Lowell, MA 01854
(978) 937-9700

LASA

Visitor #: _____

VISITOR TRIAGE FORM

Needed		Completed
<input type="checkbox"/>	Endocrinology	<input type="checkbox"/>
<input type="checkbox"/>	Cardiology	<input type="checkbox"/>
<input type="checkbox"/>	Internal Medicine	<input type="checkbox"/>
<input type="checkbox"/>	Ophthalmology	<input type="checkbox"/>
<input type="checkbox"/>	Dentistry	<input type="checkbox"/>
<input type="checkbox"/>	Nutrition	<input type="checkbox"/>
<input type="checkbox"/>	PT/OT	<input type="checkbox"/>
<input type="checkbox"/>	COVID vaccination	<input type="checkbox"/>

Visitor #: _____

VISITOR INTAKE FORM

Age:	Gender:	Glucose level:
		Time of last meal/drink:
Height:	Weight:	Hemoglobin A1C:
BP:	HR:	Total Cholesterol:
BMI:		Triglycerides:

Please check the response that applies to you. If any other, list below	YES	NO	Comments
1. Do you have any blood pressure problems?			
2. Do you have heart disease?			
3. Do you have any chest pain or palpitations?			
4. Do you have diabetes/blood sugar problems?			
5. Are you having new decreased vision/flushes/floaters?			
6. Do you have history of glaucoma?			
7. Do you have any dental problems?			
8. Do you have mobility issues or frequent falls?			
9. Do you have neck/shoulder/back stiffness?			
10. Are you having trouble with weight gain or weight loss?			
11. Do you snore or have been told you stop breathing at night?			
12. Would you like a COVID vaccination today?			
Please list any health-related concerns you have:			
How did you find out about this health fair?			
Social Media	Radio	Newspaper	Flyer
Friend	Lawn Sign	TV	Website
Other:			

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 (978) 937-9700

LASA

Visitor #: _____

Are you at risk for type 2 diabetes?

- WRITE YOUR SCORE IN THE BOX.
1. How old are you?
- Less than 40 years (0 points)
40-49 years (1 point)
50-59 years (2 points)
60 years or older (3 points)
2. Are you a man or a woman?
- Man (1 point) Woman (0 points)
3. If you are a woman, have you ever been diagnosed with gestational diabetes?
- Yes (1 point) No (0 points)
4. Do you have a mother, father, sister or brother with diabetes?
- Yes (1 point) No (0 points)
5. Have you ever been diagnosed with high blood pressure?
- Yes (1 point) No (0 points)
6. Are you physically active?
- Yes (0 points) No (1 point)
7. What is your weight category?
- See chart at right.

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
If you weigh less than the amount in the left column: 0 points		

If you scored 5 or higher:

You are at increased risk for having type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes, a condition in which blood glucose levels are higher than normal but not yet high enough to be diagnosed as diabetes. Talk to your doctor to see if additional testing is needed.

Type 2 diabetes is more common in African Americans, Hispanics/Latinos, Native Americans, Asian Americans, and Native Hawaiians and Pacific Islanders.

Higher body weight increases diabetes risk for everyone. Asian Americans are at increased diabetes risk at lower body weight than the rest of the general public (about 15 pounds lower).

ADD UP YOUR SCORE.

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



The good news is you can manage your risk for type 2 diabetes. Small steps make a big difference in helping you live a longer, healthier life.

For more information, visit us at diabetes.org/alertday or call 1-800-DIABETES (800-342-2383).