

METABOLIC SYNDROME TRACKING FORM

Race: White, not of Hispanic Origin Black, not of Hispanic Origin Hispanic Asian/Pacific Islander American Indian/Alaskan Native Other

WAIST CIRCUMFERENCE at umbilicus – baseline and every 6 months							Signatures			
Risk Criteria	Baseline Date/Time	Date/Time	Date/Time	Date/Time	Date/Time	Date/Time	Initials			
>40 inch M >35 inch F										
Initials										
WEIGHT– baseline and monthly										
	Baseline Date/Time	Date/Time	Date/Time	Date/Time	Date/Time	Date/Time	Initials			
Initials										
BMI – baseline and monthly (Height (inches): _____)										
Risk Criteria	Baseline Date/Time	Date/Time	Date/Time	Date/Time	Date/Time	Date/Time	Initials			
Overweight 25 – 29.9 Obese > 30										
Initials										
BLOOD PRESSURE – baseline and monthly <input type="checkbox"/> Antihypertensive Medication										
Risk Criteria	Baseline Date/Time	Date/Time	Date/Time	Date/Time	Date/Time	Date/Time	Initials			
≥ 140 ≥ 90 mmHg										
Initials										
FASTING GLUCOSE / HEMOGLOBIN A1c – Baseline, 12 weeks and per guidelines and annually <input type="checkbox"/> Anti-diabetes Medication										
Risk Criteria	Baseline Date/Time	Date/Time	Date/Time	Date/Time	Date/Time	Date/Time	Initials			
Glucose ≥ 100 mg/dl or HGBA1C > 6.0%										
Initials										
LIPIDS – baseline, 12 weeks and annually <input type="checkbox"/> Lipid-lowering Medication										
Risk Criteria	Baseline Date/Time	Date/Time	Date/Time	Date/Time	Date/Time	Date/Time	Initials			
Total Chol. ≥ 200										
HDL < 40 M < 50 F										
TG ≥ 150										
LDL ≥ 100										
Initials										

NOTE: A patient is considered to have Metabolic Syndrome if he/she has 3 or more of the Risk Criteria.

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