



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WISEWOMAN SCREENING FORM

- Risk Reduction Counseling Integrated Annual Risk Reduction Counseling Integrated
 Risk Reduction Counseling Non-integrated Annual Risk Reduction Counseling Non-integrated Reporting Only

PROVIDER NAME			DATE	
NAME: LAST	FIRST	MIDDLE INITIAL	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER

A. CLINICAL MEASUREMENTS

BMI: _____	Height: _____	Weight: _____ lbs.	Waist circumference: _____ Hip circumference: _____ Ratio: _____
BP 1 st _____/_____ _____	BP 2 nd _____/_____ _____	Average BP _____/_____ _____	Hypertension Follow-up (> or equal to 130/80) <input type="checkbox"/> Diagnostic Office Visit <input type="checkbox"/> Client Refused <input type="checkbox"/> Blood Pressure Medical Follow-up <input type="checkbox"/> Health Coaching <input type="checkbox"/> SMBP
Fasting (9-12 hours) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> BMP <input type="checkbox"/> CMP			
<input type="checkbox"/> Glucose Quant. (Fasting Only)	<input type="checkbox"/> BG Strip (Fasting Only)	<input type="checkbox"/> A1C	Hypertension Follow-up (> or equal to 130/80) <input type="checkbox"/> In-House <input type="checkbox"/> Referring Clinic
<input type="checkbox"/> Lipid Panel	<input type="checkbox"/> Total Cholesterol	<input type="checkbox"/> HDL	<input type="checkbox"/> LDL <input type="checkbox"/> Triglycerides

B. ALERT VALUE FOLLOW-UP

Schedule medical follow-up within seven (7) days of screening for medical evaluation and treatment. Document status of workup using codes below.

<input type="checkbox"/> ALERT BLOOD PRESSURE Alert Blood Pressure SBP > 180 or DBP > 120 mmHg Evaluation Visit Date: ____/____/_____ *Status of Work-up: _____ (Number from below)	<input type="checkbox"/> ALERT BLOOD GLUCOSE Alert Blood Glucose ≤ 50 or ≥ 250 mg/dl Evaluation Visit Date: ____/____/_____ *Status of Work-up: _____ (Number from below)
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*** Status of work-up Number Codes**

- Work-up complete.** Participant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit.
Notify WISEWOMAN Education Coordinator of any of the following status responses:
- Follow-up/workup by alternate provider.** Patient intends to see alternate provider within seven (7) days.
- Client refused workup.** Participant had an alert value and refused workup.
- Workup not completed, client lost to follow-up.** Participant had an alert value but was lost to follow-up and workup was not completed. *Lost to follow-up* is defined as a participant who did not attend her scheduled workup within three (3) months after a screening visit and could not be reached to reschedule another appointment.

Alert Value Notes/Comments:

C. OTHER

Date Risk Counseling Completed: ____/____/____

Client Priority Area(s):

- None Healthy Eating Physical Activity Smoking Cessation Blood Pressure Management
 Noom SMBP HBSS Referral Nutritionist/Dietician Mental Health
 Physical Activity Clearance Denied. Client not cleared for activity until further evaluation.

Date Referred to LSP: ____/____/____

- LSP Referred To:
- Eating Smart-Being Active Diabetes Prevention Program
 Health Coaching Noom
 Tobacco Quitline Self-Monitoring Blood Pressure Program

Comments: