



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**WISEWOMAN SCREENING FORM**



- Initial Risk Reduction Counseling with SMHW       Annual Risk Reduction Counseling with SMHW  
 Initial Screening, Non-integrated       Annual Screening, 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 <sup>st</sup> _____/____/____	BP 2 <sup>nd</sup> _____/____/____	Average BP _____/____/____	Hypertension Follow-up (>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			Hypertension Follow-up (>130/80) <input type="checkbox"/> In-House <input type="checkbox"/> Referring Clinic	
<input type="checkbox"/> Glucose Quant. (Fasting Only)	<input type="checkbox"/> BG Strip (Fasting Only)	<input type="checkbox"/> A1C		
<input type="checkbox"/> Lipid Panel (Fasting Only)	<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"/> <b>ALERT BLOOD PRESSURE</b> Alert Blood Pressure SBP > 180 or DBP > 120 mmHg Evaluation Visit Date: ____/____/____ *Status of Work-up: _____ (Number from below)	<input type="checkbox"/> <b>ALERT BLOOD GLUCOSE</b> 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  
 Weight Watchers       SMBP       HBSS Referral

**Physical Activity Clearance Denied.** Client not cleared for activity until further evaluation.

LSP Referred To:     Eating Smart-Being Active     Diabetes Prevention Program     Health Coaching     TOPS  
Date Referred:      \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Tobacco Quitline  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**Comments:**