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  □

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**A. CLINICAL MEASUREMENTS**

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<tr>
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<tbody>
<tr>
<td>BMI:</td>
<td>Height:</td>
<td>Weight: ___ lbs.</td>
<td>Waist circumference:</td>
<td>Hip circumference:</td>
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<tr>
<td>BP 1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>BP 2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>Average BP</td>
<td>Hypertension Follow-up (&gt;130/80)</td>
<td></td>
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<tr>
<td><strong>/</strong>__</td>
<td><strong>/</strong>__</td>
<td><strong><strong>/</strong></strong></td>
<td>☐ Diagnostic Office Visit</td>
<td>☐ Client Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Blood Pressure Medical Follow-up</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Health Coaching</td>
<td>☐ SMBP</td>
</tr>
<tr>
<td>Fasting (9-12 hours)</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ BMP</td>
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Glucone Quant. (Fasting Only)  ☐ BG Strip (Fasting Only)  ☐ A1C

Lipid Panel (Fasting Only)  ☐ Total Cholesterol  ☐ HDL  ☐ LDL  ☐ 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.

☐ ALERT BLOOD PRESSURE
Alert Blood Pressure SBP > 180 or DBP > 120 mmHg
Evaluation Visit Date: __/__/____
*Status of Work-up: _____ (Number from below)

☐ 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:

1. **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.

2. **Follow-up/workup by alternate provider.** Patient intends to see alternate provider within seven (7) days.

3. **Client refused workup.** Participant had an alert value and refused workup.

4. **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:**

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**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

☐ Tobacco Quitline  ☐ __/__/____  ☐ __/__/____  ☐ __/__/____  ☐ __/__/____

Comments:

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MO 580-3046 (6-19)