

WISEWOMAN BP MEDICAL FOLLOW-UP FORM (YELLOW)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WISEWOMAN Blood Pressure Medical Follow-Up Form



Face-to-Face in Office Only

PROVIDER NAME				DATE	
NAME LAST		FIRST		MIDDLE INITIAL	
DATE OF BIRTH (MM/DD/YYYY)				SOCIAL SECURITY NUMBER	
A. FIRST BLOOD PRESSURE MEDICAL FOLLOW-UP (TWO BP READINGS REQUIRED)					
BP 1 st		BP 2 nd		VISIT DATE	
Is the client compliant with medications/treatment plan? ☐ Yes ☐ No ☐ Client Refused				NEXT FOLLOW-UP VISIT DATE	
Were blood pressure (BP) medications prescribed or adjusted? ☐ Yes ☐ No ☐ Client Refused					
Can the client obtain BP medications? ☐ Yes ☐ No ☐ Client Refused					
Was the client given access to resources or were resources given? .. ☐ Yes ☐ No ☐ Client Refused				INFORMATION SHARED WITH PHYSICIAN ☐ Yes ☐ No	
Is the client self-monitoring BP? ☐ Yes ☐ No					
Treatment Plan: ☐ Health Coaching ☐ Medication Change ☐ Blood Pressure Medical Follow-Up ☐ Client Refused			Information Discussed with Client: ☐ Healthy Eating ☐ Physical Activity ☐ Sodium Reduction ☐ Smoking Cessation ☐ Weight Loss		
B. SECOND BLOOD PRESSURE MEDICAL FOLLOW-UP (TWO BP READINGS REQUIRED)					
BP 1 st		BP 2 nd		VISIT DATE	
Is the client compliant with medications/treatment plan? ☐ Yes ☐ No ☐ Client Refused				NEXT FOLLOW-UP VISIT DATE	
Were BP medications prescribed or adjusted? ☐ Yes ☐ No ☐ Client Refused					
Can the client obtain BP medications? ☐ Yes ☐ No ☐ Client Refused					
Was the client given access to resources or were resources given? .. ☐ Yes ☐ No ☐ Client Refused				INFORMATION SHARED WITH PHYSICIAN ☐ Yes ☐ No	
Is the client self-monitoring BP? ☐ Yes ☐ No					
Treatment Plan: ☐ Health Coaching ☐ Medication Change ☐ Blood Pressure Medical Follow-Up ☐ Client Refused			Information Discussed with Client: ☐ Healthy Eating ☐ Physical Activity ☐ Sodium Reduction ☐ Smoking Cessation ☐ Weight Loss		
C. THIRD BLOOD PRESSURE MEDICAL FOLLOW-UP (TWO BP READINGS REQUIRED)					
BP 1 st		BP 2 nd		VISIT DATE	
Is the client compliant with medications/treatment plan? ☐ Yes ☐ No ☐ Client Refused					
Were BP medications prescribed or adjusted? ☐ Yes ☐ No ☐ Client Refused					
Can the client obtain BP medications? ☐ Yes ☐ No ☐ Client Refused					
Was the client given access to resources or were resources given? .. ☐ Yes ☐ No ☐ Client Refused				INFORMATION SHARED WITH PHYSICIAN ☐ Yes ☐ No	
Is the client self-monitoring BP? ☐ Yes ☐ No					
Treatment Plan: ☐ Health Coaching ☐ Client Refused ☐ Medication Change			Information Discussed with Client: ☐ Healthy Eating ☐ Physical Activity ☐ Sodium Reduction ☐ Smoking Cessation ☐ Weight Loss		
Comments:					

MO 580-3116 (10-19)

DHSS-WW-BPM-01 (10-19)