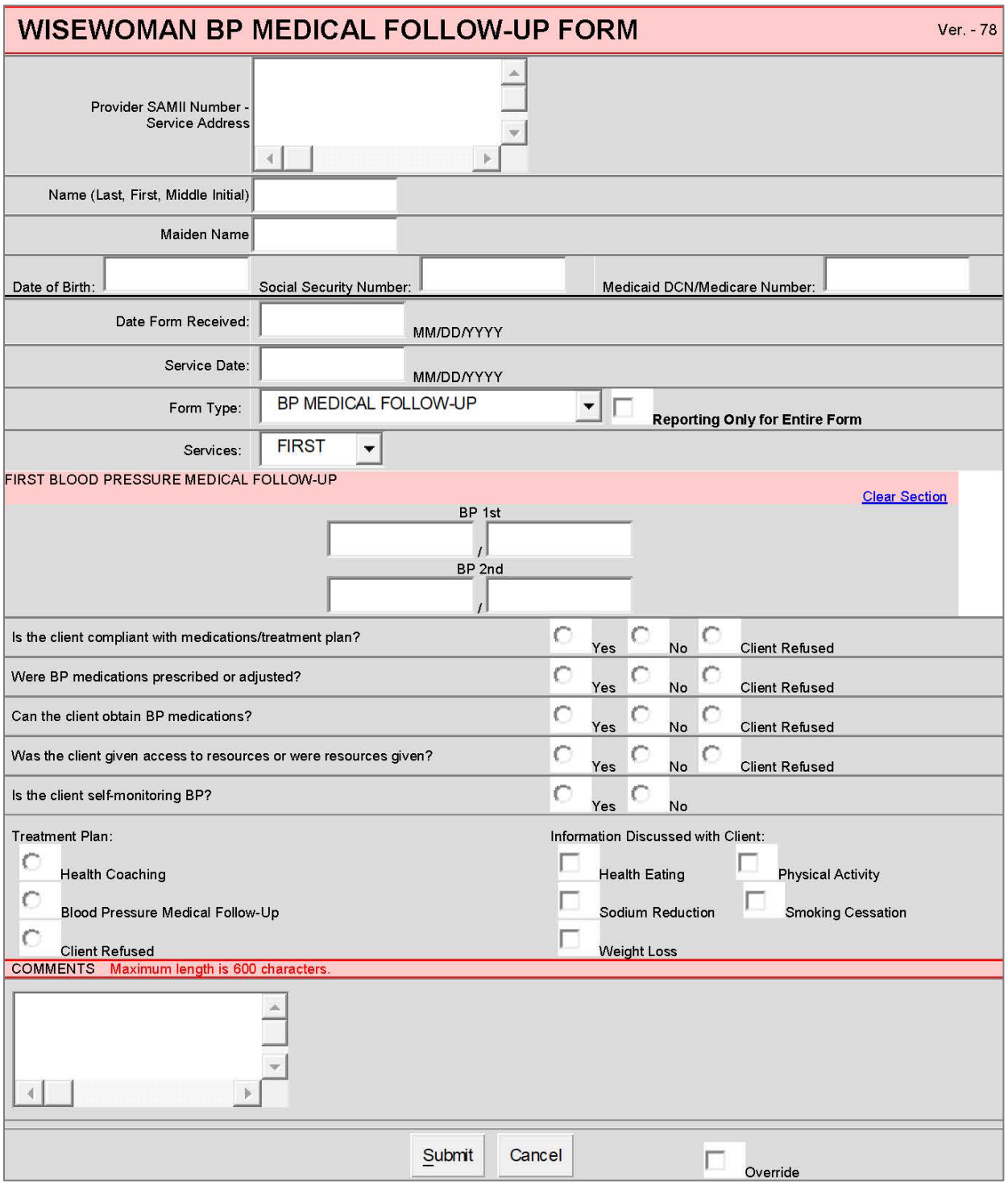
WISEWOMAN BLOOD PRESSURE MEDICAL FOLLOW-UP CLAIM FORM



WISEWOMAN BP MEDICAL FOLLOW-UP FORM Ver. - 78

Provider SAMII Number - Service Address

Name (Last, First, Middle Initial)

Maiden Name

Date of Birth: Social Security Number: Medicaid DCN/Medicare Number:

Date Form Received: MM/DD/YYYY

Service Date: MM/DD/YYYY

Form Type: BP MEDICAL FOLLOW-UP Reporting Only for Entire Form

Services: FIRST

FIRST BLOOD PRESSURE MEDICAL FOLLOW-UP Clear Section

BP 1st /

BP 2nd /

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
Is the client self-monitoring BP?	Yes	No	

Treatment Plan:

- Health Coaching
- Blood Pressure Medical Follow-Up
- Client Refused

Information Discussed with Client:

- Health Eating
- Physical Activity
- Sodium Reduction
- Smoking Cessation
- Weight Loss

COMMENTS Maximum length is 600 characters.

Submit Cancel Override