# WISEWOMAN DIAGNOSTIC FORM (GRAY)

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

## WISEWOMAN Diagnostic Form

Used for Reporting: Diagnostic Office Visit, Labs not completed on the day of the screening visit, Alert Values not completed on the day of screening, and Reporting services not being billed.

☐ Diagnostic Visit ☐ Lab Only ☐ Reporting Only

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

**A. DIAGNOSTIC OFFICE VISIT JUSTIFICATION (TWO BLOOD PRESSURE READINGS REQUIRED)**

| | | |
|---|---|---|
| ☐ Blood Pressure ☐ Blood Glucose ☐ Cholesterol ☐ Medication for Smoking Cessation | BP 1st _____/_____ | BP 2nd _____/_____ |

**B. CLINICAL MEASUREMENTS**

| | | | |
|---|---|---|---|
| Fasting (9-12 hrs.) ☐ Yes ☐ No | ☐ Glucose Quant. (Fasting Only) | ☐ BG Strip (Fasting Only) | ☐ A1C<br>☐ BMP (Abnormal results in Comments)<br>☐ CMP (Abnormal results in Comments) |

| | | | | |
|---|---|---|---|---|
| ☐ Lipid Panel (Fasting Only) | ☐ Total Cholesterol | ☐ HDL | ☐ LDL | ☐ Triglycerides |

**C. MEDICAL FOLLOW-UP NOTES**

| | | | |
|---|---|---|---|
| Have the client's medications been addressed? | ☐ Yes | ☐ No | ☐ Client Refused |
| If yes, was the client prescribed medication? | ☐ Yes | ☐ No | ☐ Client Refused |
| If yes, was client referred for medication education? | ☐ Yes | ☐ No | ☐ Client Refused |
| If yes, was the client identified to have uncontrolled hypertension? | ☐ Yes | ☐ No | ☐ Client Refused |
| Can the client obtain medications? | ☐ Yes | ☐ No | |
| Was the client given access to resources or were resources given? | ☐ Yes | ☐ No | ☐ Client Refused |
| Was a treatment plan offered? | ☐ Yes | ☐ No | ☐ Client Refused |
| If yes, which of the following was offered? | ☐ Health Coaching | | ☐ BP Medical Follow-Up |
| | ☐ Self-Monitoring Blood Pressure | | |

**D. ALERT VALUE FOLLOW-UP**

Document status of workup using codes found below. Contact the WISEWOMAN Education Coordinator for assistance in submitting into MOHSAIC, if needed.

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

*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.

***Notify WISEWOMAN Education Coordinator of any of the following status responses:***

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 but 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:**

**Medical Professional Notes:**

MO 580-3060 (12-19)