# *WISEWOMAN DIAGNOSTIC CLAIM FORM*

## WISEWOMAN DIAGNOSTIC 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: DIAGNOSTIC ☐ Reporting Only for Entire Form

Services: Diagnostic Visit

**DIAGNOSTIC OFFICE VISIT JUSTIFICATION**

☐ Blood Pressure ☐ Blood Glucose ☐ Cholesterol ☐ Medication for Smoking Cessation ☐ Mental Health Referral

**CLINICAL MEASUREMENTS** Clear Section

BMI: | Height: ft. in. | Weight: lbs. | Waist Circumference: | Hip Circumference: | Ratio:

| BP 1st: | BP 2nd: | Average BP: |
|---|---|---|
| 130 / 80 | 130 / 80 | 130.0 / 80.0 |

Fasting Status (9-12 hrs) ○ Yes ○ No

☐ BMP(Comment below abnormal values)

☐ CMP(Comment below abnormal values)

☐ Glucose Quant. ☐ BG Strip ☐ A1C

☐ Lipid Panel ☐ Total Cholesterol ☐ HDL | LDL | Triglycerides

**MEDICAL FOLLOW-UP** Clear Section

| | | | |
|---|---|---|---|
| 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 | |

# *WISEWOMAN DIAGNOSTIC CLAIM FORM CONT.*

| | |
|---|---|
| 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 |

ALERT VALUE FOLLOW-UP

Schedule medical follow-up within seven (7) days of screening for medical evaluation and treatment. *Document status of work-up using codes below.*

**ALERT BLOOD PRESSURE**
Alert Blood Pressure SBP > 180 or DBP > 120 mmHg
Evaluation Visit Date:
*Status of Work-Up:

**ALERT BLOOD GLUCOSE**
Alert Blood Glucose <= 50 or >= 250 mg/dl
Evaluation Visit Date:
*Status of Work-Up:

***STATUS OF WORK-UP CODE NUMBERS**
**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 Work-up.** 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 Maximum length is 600 characters.

Submit Cancel Override