

WISEWOMAN SCREENING FORM (LIGHT PINK)



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

PROVIDER NAME				DATE	
NAME: LAST		FIRST	MIDDLE INITIAL	DATE OF BIRTH (MM/DD/YYYY)	
				SOCIAL SECURITY NUMBER	
A. CLINICAL MEASUREMENTS					
BMI: _____	Height: _____	Weight: _____ lbs.	Waist circumference: _____ Hip circumference: _____ Ratio: _____		
BP 1 st _____/____/____	BP 2 nd _____/____/____	Average BP _____/____/____	Hypertension Follow-up (>130/80) ☐ Diagnostic Office Visit ☐ Client Refused ☐ Blood Pressure Medical Follow-up ☐ Health Coaching ☐ SMBP		
Fasting (9-12 hours) ☐ Yes ☐ No ☐ BMP					
☐ Glucose Quant. (Fasting Only)	☐ BG Strip (Fasting Only)	☐ A1C	Hypertension Follow-up (>130/80) ☐ In-House ☐ Referring Clinic		
☐ 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)		
* 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 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. <i>Lost to follow-up</i> 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:					
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					
Date Referred: ____/____/____ ____/____/____ ____/____/____ ____/____/____					
☐ Tobacco Quitline ____/____/____					
Comments:					

MO 580-3046 (6-19)