

WISEWOMAN SMBP INITIAL ENROLLMENT FORM (WHITE)

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

**WISEWOMAN Self-Monitoring Blood Pressure Program
Initial Enrollment 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. BLOOD PRESSURE MEASUREMENTS AND ENROLLMENT INFORMATION

Clinic Measurements: BP 1 st _____/_____ BP 2 nd _____/_____		SMBP Measurements: BP 1 st _____/_____ BP 2 nd _____/_____	
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WISEWOMAN Hypertension Diagnostic Office Visit Completed: ☐ Yes ☐ No Date Completed: ____/____/____
 Self-Monitoring Blood Pressure (SMBP) Consent form Completed: ☐ Yes ☐ No
 SMBP Consent form faxed to WISEWOMAN Central Office (573) 522-2898 ☐ Yes ☐ No

B. MEDICATIONS AND HEALTHY LIFESTYLE INFORMATION

Were BP medications prescribed or adjusted? ☐ Yes ☐ No ☐ Client Refused
 Can the client obtain BP medications? ☐ Yes ☐ No ☐ Client Refused
 Self-Monitoring Blood Pressure Education Provided? ☐ Yes ☐ No
 Tracking Information Provided to client along with blood pressure tracking card? ☐ Yes ☐ No
 Medication Education (Referral) ☐ Yes ☐ No

Healthy Lifestyle Information Discussed with Client:
☐ Healthy Eating ☐ Physical Activity
☐ Sodium Reduction ☐ Smoking Cessation
☐ Weight Loss

C. EDUCATIONAL RESOURCES

Educational Resources Provided to the Client:
☐ Self-Monitoring Blood Pressure Client Education Folder
☐ 10 Ways to Prevent and Control High Blood Pressure
☐ 30 Things Everyone Should Know about High Blood Pressure
☐ 15 Ways to Cut Back on Salt
☐ Healthy Eating on A Budget
☐ My Plate: Do It Your Way
☐ American Heart Association Information Sheets
☐ Other: _____

Changes to Treatment Plan:
☐ Blood Pressure Monitoring Changes
☐ Medication Changes
☐ Health Coaching Changes
☐ Client to Return to Physician

Information Faxed to Prescribing Physician? ☐ Yes ☐ No

Comments:

Form Number xxx-xxx (10-19)

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