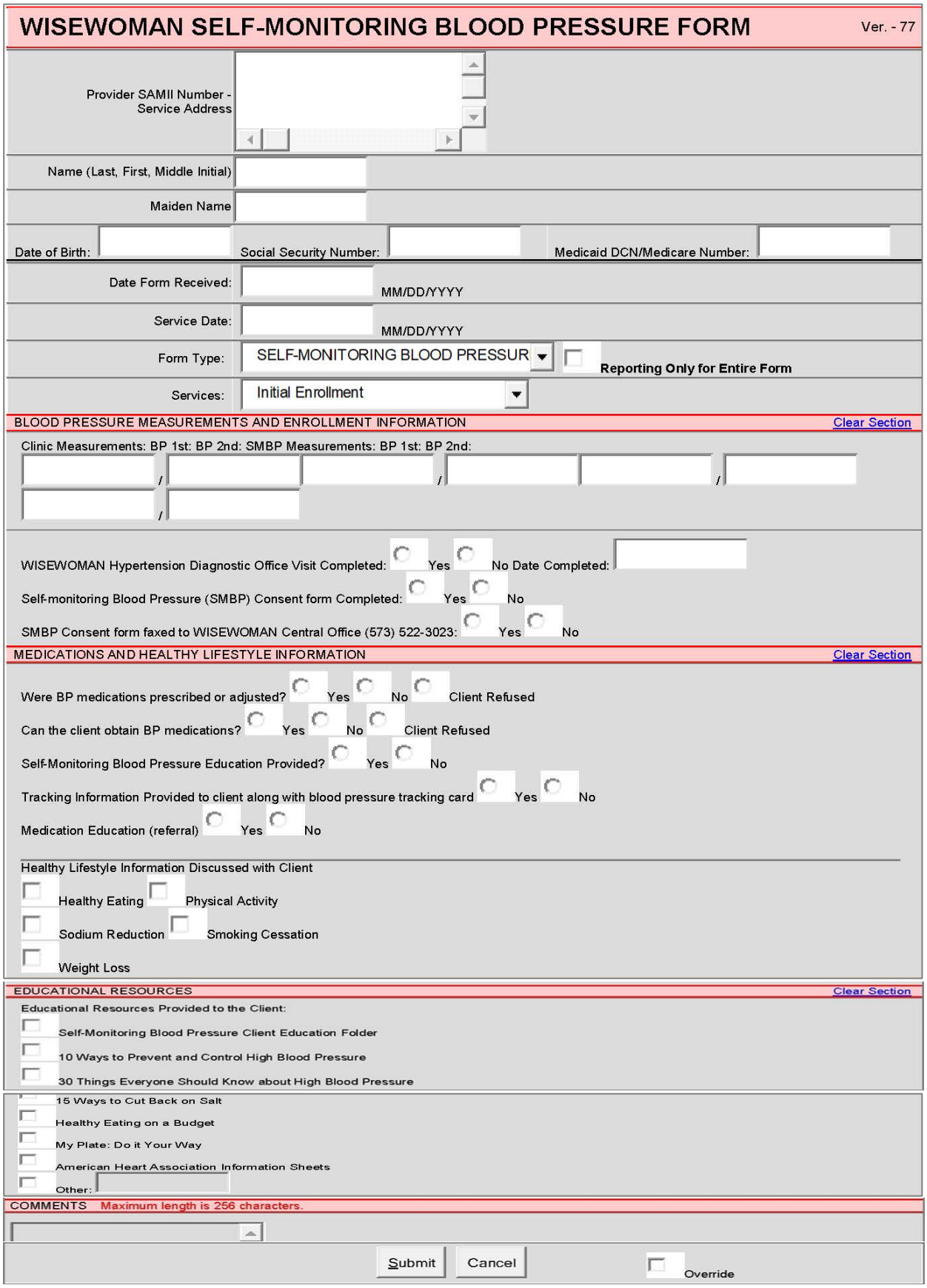
WISEWOMAN SMBP INITIAL CLAIM FORM



WISEWOMAN SELF-MONITORING BLOOD PRESSURE FORM Ver. - 77

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: SELF-MONITORING BLOOD PRESSUR Reporting Only for Entire Form

Services: Initial Enrollment

BLOOD PRESSURE MEASUREMENTS AND ENROLLMENT INFORMATION Clear Section

Clinic Measurements: BP 1st: BP 2nd: SMBP Measurements: BP 1st: BP 2nd:

/ / / / / / / /

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) 522-3023: Yes No

MEDICATIONS AND HEALTHY LIFESTYLE INFORMATION Clear Section

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

EDUCATIONAL RESOURCES Clear Section

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:

COMMENTS Maximum length is 256 characters.

Submit Cancel Override