

WISEWOMAN SMBP POST-INTERVENTION FOLLOW-UP CLAIM

WISEWOMAN SELF-MONITORING BLOOD PRESSURE FORM				Ver. - 77
Provider SAMH 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 ▼ <input style="margin-left: 10px;" type="checkbox"/> Reporting Only for Entire Form			
Services:	Post Intervention Follow-Up ▼			
BLOOD PRESSURE MEASUREMENTS AND POST INTERVENTION FOLLOW UP Clear Section				
Clinic Measurements: BP 1st: BP 2nd: SMBP Measurements: BP 1st: BP 2nd:				
Did the client complete the SMBP Program as prescribed? ☐ Yes ☐ No				
Was the SMBP Program successful for the client goals? ☐ Yes ☐ No				
MEDICATIONS AND HEALTHY LIFESTYLE INFORMATION Clear Section				
Is the client compliant with medications? ☐ Yes ☐ No ☐ Client Refused ☐ No Medications				
Were blood pressure medications prescribed or adjusted? ☐ Yes ☐ No ☐ Client Refused ☐ No Medications				
Can the client obtain BP medications ☐ Yes ☐ No ☐ Client Refused ☐ No Medications				
Is the client tracking blood pressure as prescribed? ☐ Yes ☐ No ☐ Client Refused				
Did the client bring blood pressure log to Medical Follow-Up? ☐ Yes ☐ No ☐ Client Refused				
Are the client's blood pressure values within the client's acceptable range? ☐ Yes ☐ No ☐ Not Tracking				
Healthy Lifestyle Information Discussed with Client				
☐ Healthy Eating ☐ Physical Activity				
☐ Sodium Reduction ☐ Smoking Cessation				
☐ Weight Loss				
EDUCATIONAL RESOURCES AND TREATMENT PLAN 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:				
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				
Client referred to Community Resources? ☐ Yes ☐ No				
Client to continue with self-monitoring blood pressure post SMBP Program? ☐ Yes ☐ No				
COMMENTS Maximum length is 256 characters.				
Submit Cancel <input style="margin-left: 50px;" type="checkbox"/> Override				