WISEWOMAN MOHSAIC CLAIM FORMS

WISEWOMAN SCREENING CLAIM FORM (RRC, INITIAL AND ANNUAL)

WISEWOMAN SCREENING 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: SCREENING ☐ Reporting Only for Entire Form

Services: Initial WISEWOMAN Screening, Integrated

A. HEALTH HISTORY Clear Section

1. Do you have high cholesterol? ○ Yes ○ No ○ Don't know/not sure

If No, skip to question 2.

a. Do you take medication to lower your cholesterol? ○ Yes ○ No ○ Don't know/not sure

Is the medication a statin? ○ Yes ○ No ○ Don't know/not sure

b. If Yes, during the past seven (7) days, including today, on how many days did you take prescribed medication to lower your cholesterol?

Number of Day(s) ○ None because I couldn't obtain medication ○ Don't know/not sure

2. Do you have hypertension (high blood pressure)? ○ Yes ○ No ○ Don't know/not sure

If you answered No, skip to question 3.

a. Do you take medication to lower your blood pressure? ○ Yes ○ No ○ Don't know/not sure

b. If Yes, during the past seven (7) days, on how many days did you take prescribed medication (including diuretics/water pills) to lower your blood pressure?

Number of Day(s) ○ None because I couldn't obtain medication ○ Don't know/not sure

c. Do you measure your blood pressure at home or use another blood pressure machine located in the community? ○ Yes (Skip to i) ○ No (check reason)

○ I was never told to measure my blood pressure ○ I don't know how to measure my blood pressure ○ I don't have equipment to measure my blood pressure

i. How often do you measure your blood pressure at home or use another blood pressure machine located in the community?

○ Multiple times per day ○ Daily ○ A few times per week ○ Weekly ○ Monthly ○ Other (Don't Measure) ○ Don't know/not sure

ii. Do you regularly share blood pressure readings with your health care provider for feedback? ○ Yes ○ No ○ Don't know/not sure

3. Do you have diabetes? (either Type 1 or Type 2) ○ Yes ○ No ○ Don't know/not sure

If No, skip to question 4.

a. Do you take medication to lower your blood sugar (for diabetes)? ○ Yes ○ No ○ Don't know/not sure

b. If Yes, during the past seven (7) days, how many days did you take prescribed medication to lower your blood sugar (for diabetes)?

Number of Day(s) ○ None because I couldn't obtain medication ○ Don't know/not sure

4. Have you been diagnosed by a healthcare provider as having any of these conditions:

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a. Stroke/transient ischemic attach (TIA)	Yes	No	Don't know/not sure
b. Heart Attack	Yes	No	Don't know/not sure
c. Coronary heart disease	Yes	No	Don't know/not sure
d. Heart failure	Yes	No	Don't know/not sure
e. Vascular disease (peripheral arterial disease)	Yes	No	Don't know/not sure
f. Congenital heart disease and defects	Yes	No	Don't know/not sure

B. HEALTH HISTORY SECTION CONT... Clear Section

1.Are you taking an aspirin daily to help prevent a heart attack or stroke?	Yes	No		
2. How many cups of fruits and vegetables do you eat in an average day?		Number of Cup(s)	None	
3. Do you eat two (2) servings or more of fish weekly?	Yes	No		
4. How many servings of grain products do you eat in a typical day?	1/2 serving or less	1/2 serving	1/2 serving or more	none
5. How many servings are whole grains (Oatmeal, cereal, bread, etc.)?	1/2 serving or less	1/2 serving	1/2 serving or more	none
6. Do you drink less than 36 ounces (450 calories) of beverages with added sugars weekly?	Yes	No		
7. Are you currently watching or reducing your sodium or salt intake?	Yes	No		
8. Physical Activity				
a. How many minutes of physical activity (exercise) do you get in a week?		Number of Minute(s)	None	
9. Alcohol				
a. In the past 7 days, how often do you have a drink containing alcohol?		Number of Day(s)	Don't know/not sure	
b. How many alcoholic drinks, on average do you consume during a day you drink?		Number of Drinks	Don't know/not sure	
10. Overall Wellness				
a. Over the past 2 weeks, how often have you been bothered by little interest or pleasure in doing things?	Not at all	Several Days	More than half the month	Nearly every day
b. Over the past 2 weeks, how often have you been bothered by feeling down, depressed or hopeless?	Not at all	Several Days	More than half the month	Nearly every day
11. Tobacco Products				
a. Do you smoke? Includes cigarettes, pipes, cigars, or e-cigarettes (smoked tobacco in any form)	Current Smoker	Quit(1-12 months ago)	Quit(More than 12 months ago)	Never smoked
b. Tobacco Cessation activity Completed?	Yes	No	Discontinued activity	Not sure

READINESS TO CHANGE HABITS Clear Section

Check the one box by each of the following three statements that best describes your behavior today.	I have little to no intention to change my behavior in the foreseeable future.	I am thinking about making a change in my behavior.	I am ready to plan how I will make a change in my behavior.	I am in the process of trying to make a change in my behavior.	I am trying to maintain a change I have made in my behavior.

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1. Eat more fruits and vegetables	○	○	○	○	○
2. Quit smoking	○	○	○	○	○ (or never smoked)
3. Increase physical activity	○	○	○	○	○

CLINICAL MEASUREMENTS — Clear Section

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

BP 1st: / | BP 2nd: / | Average BP: /

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

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:

OTHER FOLLOW-UP

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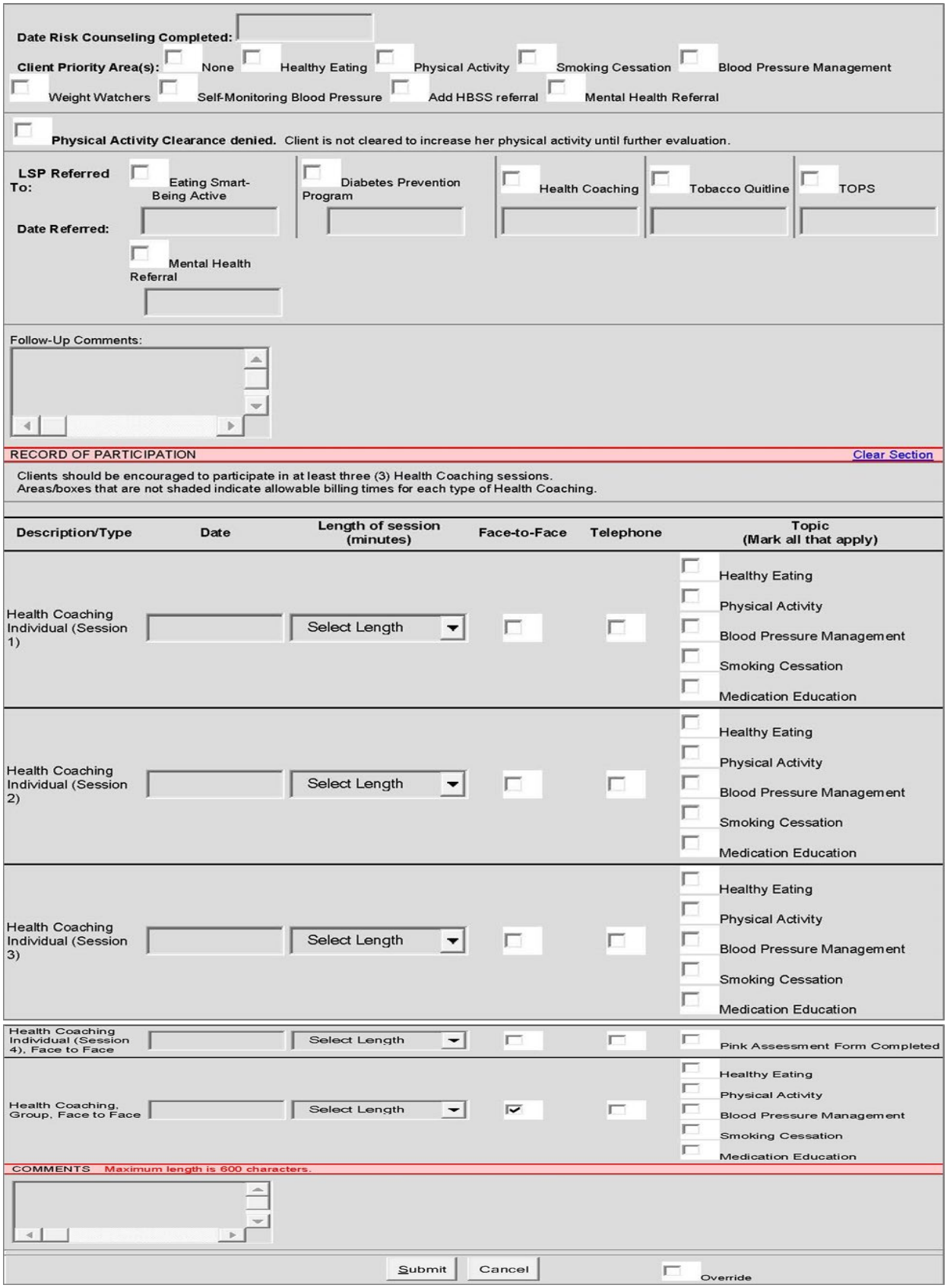

Date Risk Counseling Completed:

Client Priority Area(s): None; Healthy Eating; Physical Activity; Smoking Cessation; Blood Pressure Management; Weight Watchers; Self-Monitoring Blood Pressure; Add HBSS referral; Mental Health Referral

Physical Activity Clearance denied. Client is not cleared to increase her physical activity until further evaluation.

LSP Referred To: Eating Smart-Being Active; Diabetes Prevention Program; Health Coaching; Tobacco Quitline; TOPS

Date Referred:

Mental Health Referral

Follow-Up Comments:

RECORD OF PARTICIPATION — Clear Section

Clients should be encouraged to participate in at least three (3) Health Coaching sessions.
Areas/boxes that are not shaded indicate allowable billing times for each type of Health Coaching.

Description/Type	Date	Length of session (minutes)	Face-to-Face	Telephone	Topic (Mark all that apply)
Health Coaching Individual (Session 1)		Select Length			Healthy Eating; Physical Activity; Blood Pressure Management; Smoking Cessation; Medication Education
Health Coaching Individual (Session 2)		Select Length			Healthy Eating; Physical Activity; Blood Pressure Management; Smoking Cessation; Medication Education
Health Coaching Individual (Session 3)		Select Length			Healthy Eating; Physical Activity; Blood Pressure Management; Smoking Cessation; Medication Education
Health Coaching Individual (Session 4), Face to Face		Select Length			Pink Assessment Form Completed
Health Coaching, Group, Face to Face		Select Length	☑		Healthy Eating; Physical Activity; Blood Pressure Management; Smoking Cessation; Medication Education

COMMENTS Maximum length is 600 characters.

Submit Cancel Override