MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

WISEWOMAN Blood Pressure Medical Follow-Up 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. FIRST BLOOD PRESSURE MEDICAL FOLLOW-UP (TWO BP READINGS REQUIRED)

BP 1st _____/_____	BP 2nd _____/_____	VISIT DATE

Is the client compliant with medications/treatment plan? ☐ Yes ☐ No ☐ Client Refused

Were blood pressure (BP) medications prescribed or adjusted? ☐ Yes ☐ No ☐ Client Refused

Can the client obtain BP medications? ☐ Yes ☐ No ☐ Client Refused

Was the client given access to resources or were resources given? ☐ Yes ☐ No ☐ Client Refused

Is the client self-monitoring BP? ☐ Yes ☐ No

NEXT FOLLOW-UP VISIT DATE

INFORMATION SHARED WITH PHYSICIAN ☐ Yes ☐ No

Treatment Plan:
- ☐ Health Coaching
- ☐ Medication Change
- ☐ Blood Pressure Medical Follow-Up
- ☐ Client Refused

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

B. SECOND BLOOD PRESSURE MEDICAL FOLLOW-UP (TWO BP READINGS REQUIRED)

BP 1st _____/_____	BP 2nd _____/_____	VISIT DATE

Is the client compliant with medications/treatment plan? ☐ Yes ☐ No ☐ Client Refused

Were BP medications prescribed or adjusted? ☐ Yes ☐ No ☐ Client Refused

Can the client obtain BP medications? ☐ Yes ☐ No ☐ Client Refused

Was the client given access to resources or were resources given? ☐ Yes ☐ No ☐ Client Refused

Is the client self-monitoring BP? ☐ Yes ☐ No

NEXT FOLLOW-UP VISIT DATE

INFORMATION SHARED WITH PHYSICIAN ☐ Yes ☐ No

Treatment Plan:
- ☐ Health Coaching
- ☐ Medication Change
- ☐ Blood Pressure Medical Follow-Up
- ☐ Client Refused

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

C. THIRD BLOOD PRESSURE MEDICAL FOLLOW-UP (TWO BP READINGS REQUIRED)

BP 1st _____/_____	BP 2nd _____/_____	VISIT DATE

Is the client compliant with medications/treatment plan? ☐ Yes ☐ No ☐ Client Refused

Were BP medications prescribed or adjusted? ☐ Yes ☐ No ☐ Client Refused

Can the client obtain BP medications? ☐ Yes ☐ No ☐ Client Refused

Was the client given access to resources or were resources given? ☐ Yes ☐ No ☐ Client Refused

Is the client self-monitoring BP? ☐ Yes ☐ No

INFORMATION SHARED WITH PHYSICIAN ☐ Yes ☐ No

Treatment Plan:
- ☐ Health Coaching
- ☐ Client Refused
- ☐ Medication Change

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

Comments: