

Provider NPI: \_\_\_\_\_ Office Visit Date: \_\_\_\_\_



## Clinical Measures and Healthy Behavior Support Service Referrals

Height (in 0'0") \_\_\_\_\_ Weight (in lbs.) \_\_\_\_\_ Waist Circumference (in inches) \_\_\_\_\_  Unable to obtain

<b>Screening Information</b> 1. Number of WISEWOMAN screening cycles received by participant: _____ 2. Type of screening visit: <input type="checkbox"/> Screening <input type="checkbox"/> Rescreening <input type="checkbox"/> Follow-up Assessment - LSP/HC complete <input type="checkbox"/> Follow-up Assessment-LSP/HC incomplete 3. What funds were used to pay for navigation services? <input type="checkbox"/> NBCCEDP <input type="checkbox"/> WISEWOMAN <input type="checkbox"/> Indian Health Services/tribal funds <input type="checkbox"/> other	
<b>Blood Pressure</b> Date of reading: ____/____/____ BP Reading: _____/_____mm Hg    2 <sup>nd</sup> BP Reading (optional): _____/_____mm Hg <input type="checkbox"/> Unable to obtain  Alert/BP Disease Level Follow-Up: <input type="checkbox"/> Not medically necessary <input type="checkbox"/> Medically necessary; follow-up date ____/____/____ <input type="checkbox"/> Medically necessary, but declined <input type="checkbox"/> Client refused workup	
<b>Cholesterol and Lipids</b> Fasting (at least 9 hours)? <input type="checkbox"/> Yes <input type="checkbox"/> No Total Cholesterol _____mm/dl    HDL Cholesterol _____mm/dl <b>Complete if fasting:</b> LDL Cholesterol _____mm/dl    Triglycerides _____mm/dl	<b>If no test, check reason</b> <input type="checkbox"/> Inadequate sample <input type="checkbox"/> Client refused <input type="checkbox"/> No measurement recorded
<b>A1 C/Glucose Testing</b> Fasting (at least 9 hours)? <input type="checkbox"/> Yes <input type="checkbox"/> No  HgA1C for diabetes monitoring only by POC: HgA1C by POC _____% Non-Diabetic Participants Only: Fasting Glucose _____mg/dl Diabetes Screening: HGA1C by venipuncture _____%	<b>If no A1c test, check reason</b> <input type="checkbox"/> Inadequate sample <input type="checkbox"/> Client refused <input type="checkbox"/> No measurement recorded  <b>If no fasting glucose test, check reason</b> <input type="checkbox"/> Inadequate sample <input type="checkbox"/> Client refused <input type="checkbox"/> No measurement recorded
<b>Screening Period</b>	
<b>Risk Reduction Counseling</b>	Has the participant completed risk reduction counseling? <input type="checkbox"/> Yes (Date of completion: ____/____/____) <input type="checkbox"/> No Have you discussed CVD risk factors? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you discussed roles of nutrition and physical activity? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you addressed medication adherences? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Lifestyle Program/Health Coaching</b>	1. Has the participant been referred to a lifestyle program or health coaching? <input type="checkbox"/> Yes (Date of referral: ____/____/____ Name of program: _____) Additional programs referred to: Date of referral: ____/____/____ Name of program: _____ Date of referral: ____/____/____ Name of program: _____ <input type="checkbox"/> None 2. How many lifestyle program or health coaching sessions has the participant received during the current screening cycle? _____ sessions 3. Please list all of the dates of lifestyle program or health coaching sessions completed by the participant since joining WISEWOMAN _____
<b>Tobacco cessation</b>	1. Tobacco Cessation Resources referral date _____ a. Type of Tobacco Cessation Resource <input type="checkbox"/> Quit line <input type="checkbox"/> Community-based tobacco program <input type="checkbox"/> Other b. Tobacco Cessation Activity Completed <input type="checkbox"/> Yes <input type="checkbox"/> No—partially completed <input type="checkbox"/> No – participant discontinued when contacted by the resource <input type="checkbox"/> No—participant could not be reached by the resource 2. List any additional dates the participant was previously referred: _____