

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



## Clinical Measures and Healthy Behavior Support Service Referrals

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

<b>Screening Information</b>	<p>1. Number of WISEWOMAN screening cycles received by participant: _____</p> <p>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</p> <p>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</p> <p>4. Did any follow-up screening (between 3 and no later than 11 months after the previous baseline screening/rescreening and within 4 to 6 weeks after LSP/HC completion) occur at the site? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<b>Blood Pressure</b>	<p>Date of reading: ____/____/____ BP Reading: _____/_____mm Hg                  2<sup>nd</sup> BP Reading (optional): _____/_____mm Hg <input type="checkbox"/> Unable to obtain</p> <p><u>Alert/BP Disease Level (systolic &gt; 180 or diastolic &gt;120) Follow-Up:</u>  <input type="checkbox"/> Medically necessary, date of follow-up: ____/____/____ <input type="checkbox"/> Not medically necessary  <input type="checkbox"/> Medically necessary, but declined <input type="checkbox"/> Participant refused</p>	
<b>Cholesterol and Lipids</b>	<p>Fasting (at least 9 hours)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Total Cholesterol: _____mg/dL                  HDL Cholesterol: _____mg/dL                  LDL Cholesterol: _____mg/dL                  Triglycerides: _____mg/dL</p> <p><b>For non-fasting participants</b> who are NOT on a lipid-lowering drug therapy and do NOT have a history of high cholesterol, if triglyceride reading was &gt;0400 mg/dL, repeat the lipid panel within 30 days to obtain the fasting values.</p>	<p><b><u>If no cholesterol, check reason</u></b></p> <p><input type="checkbox"/> Inadequate sample  <input type="checkbox"/> Participant refused  <input type="checkbox"/> No measurement recorded</p> <p><b><u>If no triglyceride, check reason</u></b></p> <p><input type="checkbox"/> Participant taking lipid-lowering drug therapy  <input type="checkbox"/> Participant has history of high cholesterol  <input type="checkbox"/> Reading was &gt;0400 mg/dL</p>
<b>HgA1C/ Glucose Testing</b>	<p>Fasting (at least 9 hours)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b><u>Only complete one of the following measures.</u></b></p> <p><u>HgA1C for diabetes monitoring only by POC:</u>                  HgA1C by POC: _____%</p> <p><u>Non-Diabetic Participants Only:</u>                  Fasting Glucose: _____mg/dL</p> <p><u>Diabetes Screening:</u>                  HgA1C by venipuncture: _____%</p>	<p><b><u>If no HgA1C test, check reason</u></b></p> <p><input type="checkbox"/> Inadequate sample  <input type="checkbox"/> Participant refused  <input type="checkbox"/> No measurement recorded</p> <p><b><u>If no fasting glucose test, check reason</u></b></p> <p><input type="checkbox"/> Inadequate sample  <input type="checkbox"/> Participant refused  <input type="checkbox"/> No measurement recorded</p>

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



<p><b>Screening Period (check one)</b></p>	<p><input type="checkbox"/> Period 1 Year 1 (10/01/2018-03/31/2019)    <input type="checkbox"/> Period 2 Year 1 (04/01/2019-09/30/2019)</p> <p><input type="checkbox"/> Period 1 Year 2 (10/01/2019-03/31/2020)    <input type="checkbox"/> Period 2 Year 2 (04/01/2020-09/30/2020)</p> <p><input type="checkbox"/> Period 1 Year 3 (10/01/2020-03/31/2021)    <input type="checkbox"/> Period 2 Year 3 (04/01/2021-09/30/2021)</p> <p><input type="checkbox"/> Period 1 Year 4 (10/01/2021-03/31/2022)    <input type="checkbox"/> Period 2 Year 4 (04/01/2022-09/30/2022)</p> <p><input type="checkbox"/> Period 1 Year 5 (10/01/2022-03/31/2023)    <input type="checkbox"/> Period 2 Year 5 (04/01/2023-09/30/2023)</p>
<p><b>Risk Reduction Counseling</b></p>	<p>1. Has the participant completed risk reduction counseling?</p> <p><input type="checkbox"/> Yes, date of completion: ___/___/_____    <input type="checkbox"/> No, participant refused program contact</p> <p><input type="checkbox"/> No, participant did not respond after three attempts to contact</p> <p>2. Have you discussed CVD risk factors?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>3. Have you discussed roles of nutrition and physical activity?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>4. Have you addressed medication adherences?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>Lifestyle Program/Health Coaching</b></p>	<p>1. Has the participant been referred to a lifestyle program or health coaching?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Date of referral: ___/___/_____    Name of program: _____    Program ID: _____</p> <p><u>Additional programs referred to:</u></p> <p>Date of referral: ___/___/_____    Name of program: _____    Program ID: _____</p> <p>Date of referral: ___/___/_____    Name of program: _____    Program ID: _____</p> <p><input type="checkbox"/> None</p> <p>2. How many lifestyle program or health coaching sessions has the participant received during the current screening cycle? _____ sessions</p> <p>3. Please list all of the dates of lifestyle program or health coaching sessions completed by the participant since joining WISEWOMAN ___/___/_____, ___/___/_____, ___/___/_____, ___/___/_____, ___/___/_____, ___/___/_____, ___/___/_____</p>
<p><b>Tobacco cessation</b></p>	<p>1. Tobacco Cessation Resources referral date ___/___/_____</p> <p>a. Type of Tobacco Cessation Resource</p> <p><input type="checkbox"/> Quitline    <input type="checkbox"/> Community-based tobacco program    <input type="checkbox"/> Internet-based tobacco program</p> <p><input type="checkbox"/> Other tobacco cessation resources</p> <p>b. Tobacco Cessation Activity Completed</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No, participant partially completed    <input type="checkbox"/> No, participant discontinued from tobacco cessation when contacted by the resource    <input type="checkbox"/> No, participant could not be reached by the resource</p> <p>2. List any additional dates the participant was previously referred: ___/___/_____, ___/___/_____, ___/___/_____, ___/___/_____, ___/___/_____</p>