

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

Screening Information	<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>	
Blood Pressure	<p>Date of reading: ____/____/____ BP Reading: _____/_____mm Hg 2nd BP Reading (optional): _____/_____mm Hg <input type="checkbox"/> Unable to obtain</p> <p><u>Alert/BP Disease Level (systolic > 180 or diastolic >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>	
Cholesterol and Lipids	<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>For non-fasting participants who are NOT on a lipid-lowering drug therapy and do NOT have a history of high cholesterol, if triglyceride reading was >0400 mg/dL, repeat the lipid panel within 30 days to obtain the fasting values.</p>	<p><u>If no cholesterol, check reason</u></p> <p><input type="checkbox"/> Inadequate sample <input type="checkbox"/> Participant refused <input type="checkbox"/> No measurement recorded</p> <p><u>If no triglyceride, check reason</u></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 >0400 mg/dL</p>
HgA1C/ Glucose Testing	<p>Fasting (at least 9 hours)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Only complete one of the following measures.</u></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><u>If no HgA1C test, check reason</u></p> <p><input type="checkbox"/> Inadequate sample <input type="checkbox"/> Participant refused <input type="checkbox"/> No measurement recorded</p> <p><u>If no fasting glucose test, check reason</u></p> <p><input type="checkbox"/> Inadequate sample <input type="checkbox"/> Participant refused <input type="checkbox"/> No measurement recorded</p>

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<p>Screening Period (check one)</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>Risk Reduction Counseling</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>Lifestyle Program/ Health Coaching</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>Tobacco cessation</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>