

New to WISEWOMAN?  Yes  No Initial Clinic Visit Date: \_\_\_\_\_

Participant ID Number (15): 3 0 0 0 0 \_\_\_\_\_



### WISEWOMAN Program Enrollment

<b>Last Name:</b>		<b>First Name:</b>		<b>MI:</b>	<b>Authorized for:</b> <input type="checkbox"/> Glucose/A1C <input type="checkbox"/> Lipid Panel <input type="checkbox"/> Risk Reduction Counseling/Services
<b>Address</b>					<b>Follow Up Appointment:</b> <b>Date:</b> <b>Appointment For:</b>
<b>City</b>		<b>State</b> LA	<b>Zip Code</b>		<b>Patient Date of Birth:</b>
<b>Primary Phone Number:</b> _____ OK to leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No Best time to call: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.					
<b>Email Address:</b>					
<b>Household Members:</b>				<b>Household Income:</b>	
<b>Primary Language</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Creole <input type="checkbox"/> Portuguese <input type="checkbox"/> Hmong <input type="checkbox"/> Other (Specify): _____ <b>Do you need an interpreter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>What is the highest grade of school you have completed?</b> <input type="checkbox"/> Less than 9th grade (no high school) <input type="checkbox"/> Some high school <input type="checkbox"/> High school graduate or equivalent <input type="checkbox"/> Some college or higher		
<b>Race (Mark one or more)</b> <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaska Native (specify tribe: _____) <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native Hawaiian or other Pacific Islander (specify tribe: _____) <input type="checkbox"/> Unknown <b>Latino or Hispanic?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>If you are NEW to WISEWOMAN, how did you learn about this program? (select only one)</b>					
<input type="checkbox"/> Clinic <input type="checkbox"/> Outreach worker/Organization		<input type="checkbox"/> Friend/Relative <input type="checkbox"/> Internet Search		<input type="checkbox"/> Mailing, Poster, Flyer or Brochure <input type="checkbox"/> Other (specify): _____	

### WISEWOMAN Healthy Behavior Support Services Enrollment

**WISEWOMAN Participants are welcomed to the opportunity to participate in a no-cost lifestyle change support group in your community. These programs are called "Healthy Behavior Support Services." They are designed to promote lifelong heart-healthy habits. We understand that change is hard and we want you to have the support and tools you need to make these changes a little easier! Please check one of the boxes below.**

\_\_\_ As a WISEWOMAN, I have been referred to:  
\_\_\_\_\_

\_\_\_ Yes, as a WISEWOMAN, I would like to be contacted by WISEWOMAN staff to get a referral to:  
\_\_\_\_\_

\_\_\_ No, as a WISEWOMAN, I am not interested in being referred at this time.  
Current barriers to participation include: \_\_\_lack of time \_\_\_lack of interest in offered programs  
\_\_\_lack of transportation \_\_\_Other (Please Specify) \_\_\_\_\_

\_\_\_ As a WISEWOMAN, I have been provided with the Well-Ahead Louisiana Community Resource Guide Information for locating local healthy resources!

<b>WISEWOMAN Participant Signature</b>	<b>Date</b>
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