

New to WISEWOMAN? ☐ Yes ☐ No Initial Clinic Visit Date: _____

Participant ID Number (15): 3 0 0 0 0 _____



WISEWOMAN Program Enrollment

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