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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-01223 (06/2024) | **STATE OF WISCONSIN**  Bureau of Community Health Promotion  Chronic Disease Prevention & Cancer Control Section |
| wisewoman CASE MANAGEMENT | |
| **SECTION 1 – CLIENT AND PROVIDER INFORMATION** | |

| 1. Provider Agency Name | | 2. Print Performing Provider/Case Manager Name | | | | 3. Date of Contact |
| --- | --- | --- | --- | --- | --- | --- |
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| 4. Client Name (Last, First MI) | | | 5. Date of Birth | | 6. Client ID Number | |
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| **SECTION 2 – CLIENT REFUSED FOLLOW-UP SERVICE(S)** | | | | | | |
| 1. Indicate WISEWOMAN Services not completed. Check all that apply. | | | | | | |
| Client refused Clinical Services and/or referral | | | | | | |
| Blood Pressure  Healthy Behavior Support | Glucose/A1C  Social Services and Support | | | Cholesterol  Other, specify: | | |
| SECTION 3 – CLIENT LOST TO FOLLOW-UP | | | | | | |
| 1. Indicate action causing lost to follow-up. Lost to follow-up is defined as a client who did not attend her scheduled workup/healthy behavior support intervention within three months after a screening visit and could not be reached to reschedule another appointment. | | | | | | |
| Unable to be reached after 3 contact attempts  Moved, unable to locate  Other, specify: | | | | | | |
| SECTION 4 – CASE MANAGEMENT NOTES | | | | | | |
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