|  |  |
| --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-01221 (09/2024) | **STATE OF WISCONSIN**Bureau of Community Health PromotionChronic Disease Prevention and Cancer Control Section |
| wisewoman screening activity |
| **SECTION 1 – CLIENT AND PROVIDER INFORMATION** |

| 1. Provider Agency Name | 2. Print Performing Provider Name (NP, PA, or MD) | 3. Date of Contact |
| --- | --- | --- |
|       |       |       |
| 4. Client Name (Last, First MI) | 5. Date of Birth | 6. Client ID Number |
|       |       |       |
| **SECTION 2 – MEDICAL HEART DISEASE AND STROKE RISK FACTOR(S)** |
| 1. Client Personal History (check all that apply)
 | Current Medication: |
| [ ]  High Blood Pressure[ ]  High Blood Cholesterol[ ]  Diabetes (Type 1 or Type 2) [ ]  Coronary Heart Disease[ ]  Heart Attack | [ ]  Heart Failure[ ]  Stroke (TIA)[ ]  Vascular Disease[ ]  Congenital Heart Defects[ ]  Gestational Diabetes[ ]  Gestational Hypertension[ ]  Preeclampsia/eclampsia | [ ]  Blood Pressure[ ]  Cholesterol (Statin)[ ]  Cholesterol (other than Statin)[ ]  Blood Sugar[ ]  Aspirin (used to prevent heart attack or stroke) |
| 1. Total number of minutes/week of physical activity:
 | 1. Total number of cups of fruits/vegetable daily:
 |
| 1. Tobacco Use: [ ]  Never smoked [ ]  Current smoker [ ]  Quit smoking
 |
| 1. Total number of alcoholic drinks consumed daily?

      | 1. Past two weeks, little interest or pleasure in doing things:

Depression Screening PHQ2 Score      PHQ9 Completed [ ]  Yes [ ]  No |
| SECTION 3 – CLINICAL MEASUREMENTS |
| 1. Height (feet) (inches)

            | 1. BP 1 Reading:

Right Arm     /      BP 2 Reading: Left Arm     /     \*Use the arm that gives the higher reading for subsequent measurements | \*Subsequent BP Arm:[ ]  Right [ ]  Left1. BP 3 Reading

     /     BP 4 Reading     /     Average of same arm readings     /      |
| 1. Weight (pounds)

      |
| 1. BMI

      |
| 1. Waist Circumference (inches)

      |
| SECTION 4 – LAB RESULTS |
| 1. Date of Fasting Lab Work (must be **fasting** for at least 9 hours):

     **NOTE:** If not fasting, reschedule appointment. | 1. Total Cholesterol
 | 1. HDL Cholesterol
 | 1. LDL Cholesterol
 | 1. Triglycerides
 |
|       mg/dL |       mg/dL |       mg/dL |       mg/dL |
| 1. Glucose
 | 1. A1c of Known Diabetic
 | 1. A1c Screening for High Risk
 |
|       mg/dL | Date | Percent | Date | Percent |
|       |       |       |       |
| 1. **Glucose**
 | [ ]  Impaired Fasting Glucose100-125 mg/dL or A1c 5.7%-6.4% | [ ]  Elevated≥126 mg/dL |
| 1. Does client have a confirmed medical diagnosis? Check all that apply:

[ ]  High Blood Pressure [ ]  Diabetes [ ]  High Cholesterol  |
| SECTION 5 – RISK FACTOR COUNSELING |
| 1. **Screening results given to client verbally and in writing and risk reduction counseling provided**

[ ]  Yes [ ]  No If client is a current smoker – is she ready to quit? [ ]  Yes [ ]  No ASCVD Score       |
| SECTION 6 – FOLLOW-UP |
| 1. **Recommendations. Check all that apply.**
 |
| **Referred for diagnostic office visit (DOV) for ALERT results *(required ≤7 calendar days)***[ ]  BP SBP>180 or DSP > 120 **Referred for DOV for following abnormal result(s):**[ ]  BP > 130 Systolic or BP > 80 Diastolic[ ]  Fasting Glucose > 126 mg/dL or Alc >6.5% (to assess for diabetes diagnosis[ ]  LDL > 130 mg/dL[ ]  Triglycerides > 400 mg/dL [ ]  DOV not medically indicated for abnormal result; already being treated[ ]  Linked to a provider for ongoing care | [ ]  Arranged for Medication[ ]  Depression Follow-up[ ]  Hypertension Management[ ]  Social Services and Support, list:     [ ]  Refused DOV and/or Follow-up |
| Provider Name:       |
| Location:       |
| [ ]  Other, specify:       |
| SECTION 7 – HEALTHY BEHAVIOR SUPPORT BI-DIRECTIONAL REFERRAL, DATE:       |
| 1. **Check Lifestyle Program or Health Coaching option selected by client.**
 |
| [ ]  Take Off Pounds Sensibly[ ]  Diabetes Prevention Program[ ]  Health Coaching (PA, Healthy Eating)[ ]  Health Coaching (SMBP)[ ]  Health Coaching Walk with Ease[ ]  WI Quit Line | [ ]  Other Community Linkages (e.g., smoking groups, farmer’s market, exercise classes), list below:      |
| 1. Client is not ready for Healthy Behavior Support option referral; gave permission to follow up in 30 days.

[ ]  Yes [ ]  No |