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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-01221 (09/2024) | **STATE OF WISCONSIN**  Bureau of Community Health Promotion  Chronic 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  Left   1. 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 Glucose 100-125 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 | | | | | | | | | | | | | | | |