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| **Department of Health Services**  Division of Public Health  F-01223 (01/2025) | | | **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 |
|  | |  | | | | |  |
| 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 | | | | | | | |
| HTN Management  Healthy Behavior Support | 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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