

## WISEWOMAN FAX COVER SHEET

TO: WV WISEWOMAN

FROM: \_\_\_\_\_

FAX: 866.477.1842

FAX: \_\_\_\_\_

PHONE: 304.558.5388

PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_

# OF PAGES: \_\_\_\_\_

SUBJECT: \_\_\_\_\_

### Fax Check List:

Name of Participant(s): \_\_\_\_\_

**CPT Codes will be included in the Batch invoice:**

**Please make sure these forms are included in your fax.**

- |  |  |
|--|--|
| <input type="checkbox"/> Consent Form                | <input type="checkbox"/> Client Screening Form |
| <input type="checkbox"/> Client Enrollment Form      | <input type="checkbox"/> Health History Form   |
| <input type="checkbox"/> Community Health Needs      | <input type="checkbox"/> Health Coaching       |
| <input type="checkbox"/> Risk Assessment & Care Plan | <input type="checkbox"/> Lab results           |

### Device given - Blood Pressure Monitor

- ☐ Yes                      ☐ Serial Number \_\_\_\_\_
- ☐ No
- ☐ Store CareHalo Care Coordinator's Number on Patient's phone - 888.910.1069
- ☐ Patient downloaded the myCareHalo app
- ☐ Patient was given instructions on how to download the myCareHalo app