



WEST VIRGINIA WISEWOMAN Client Screening

Last Name:	First Name:	M.I.:	Date of Birth:
Payor Source: <input type="checkbox"/> WVBCSP/WISEWOMAN Integrated visit <input type="checkbox"/> WISEWOMAN only visit		<input type="checkbox"/> Initial Visit <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Rescreening Visit	
Risk Reduction Counseling Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Risk Reduction Counseling Completion Date :		Received Screening from WVBCSP: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Clinical Measurement	Results	Referral Selection Definitions
Height (inches)	_____	<input type="checkbox"/> Obese: BMI ≥ 30 ; consider as a risk factor for CVD <input type="checkbox"/> Overweight BMI 25.0-29.9 <input type="checkbox"/> Normal BMI 18.5-24.3 <input type="checkbox"/> Underweight BMI ≤ 18.5
Weight (pounds)	_____	
1st Blood Pressure	____ / ____	<input type="checkbox"/> <u>Alert: ≥ 180 (systolic) and/or ≥ 120 (diastolic); refer for Alert Evaluation-participant must be seen immediately or within 7 days.</u> Offer hypertension Self-Management Module <input type="checkbox"/> Stage 2 Hypertension: 160-180 (systolic) and/or 100-110 (diastolic). If currently taking blood pressure medication; offer hypertension Self-Management Module <input type="checkbox"/> Stage 1 Hypertension: 140-159 (systolic) and/or 90-99 (diastolic). If currently taking blood pressure medication; offer hypertension Self-Management Module
2nd Blood Pressure	____ / ____	
Waist Circumference (inches)	_____	
Is a medical follow-up for blood pressure reading necessary?		<input type="checkbox"/> Medically necessary <input type="checkbox"/> Not Medical necessary <input type="checkbox"/> Medically necessary follow-up appointment date : _____ <input type="checkbox"/> Medically necessary follow-up appointment declined

Lab Date: _____	<input type="checkbox"/> Venipuncture <input type="checkbox"/> Cholestech	Has the participant fasted for at least 9 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Test	Results	
Total Cholesterol (mg/dL)		<input type="checkbox"/> High <input type="checkbox"/> Borderline High <input type="checkbox"/> Desirable
HDL (mg/dL)		<input type="checkbox"/> Abnormal (low) <input type="checkbox"/> Normal
LDL (mg/dL) (fasting only)		<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal
Triglycerides (mg/dL) (fasting only)		<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal
A1C		Refer to Diagnostic Screening if < 3.5 or > 9.0 <input type="checkbox"/> Diabetes $\geq 6.5\%$ <input type="checkbox"/> Pre-Diabetic 5.7-6.4% <input type="checkbox"/> Normal $< 5.7\%$
Blood Glucose		<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal