



WISEWOMAN Screening Form

Screening Date _____

LCA Name		Screening Site		MBCIS ID
Last Name	First Name	Middle Initial	Birth Date	

Clinical Measurement	Result	Categories and Protocols for Medical Referral
Height (inches)		BMI _____ <input type="checkbox"/> Obesity: BMI ≥ 30 Consider as risk factor for CVD. No referral for Diagnostic Exam <input type="checkbox"/> Overweight: BMI 25.0-29.9 No referral for Diagnostic Exam <input type="checkbox"/> Normal: BMI 18.5-24.9 No referral for Diagnostic Exam <input type="checkbox"/> Underweight: BMI < 18.5 No referral for Diagnostic Exam
Weight (pounds)		
1 st Blood Pressure (BP)	/	<input type="checkbox"/> Alert: > 180 (systolic) and/or > 110 (diastolic) (MCCM*) Refer for Diagnostic Exam immediately or within 1 week depending on clinical situation and complications <input type="checkbox"/> Stage 2 Hypertension: 160-180 (systolic) and/or 100-110 (diastolic) Refer for Diagnostic Exam <input type="checkbox"/> Stage 1 Hypertension: 140-159 (systolic) and/or 90-99 (diastolic) Refer for Diagnostic Exam <input type="checkbox"/> Prehypertension: 120-139 (systolic) and/or 80-89 (diastolic) No referral for Diagnostic Exam <input type="checkbox"/> Normal: < 120 (systolic) and < 80 (diastolic) No referral for Diagnostic Exam
2 nd BP	/	
Average BP (determine category with this number)	/	
Has Client fasted for at least 9 hours? <input type="checkbox"/> Yes (Fasting) <input type="checkbox"/> No (Casual) <input type="checkbox"/> Unknown (Casual)		
Total Cholesterol (mg/dL) <u>82465</u>		<input type="checkbox"/> Alert: > 400 mg/dL (MCCM*) Diagnostic Exam and fasting lipid profile within 1 week <input type="checkbox"/> High: 240-400 mg/dL Fasting Lipid Profile and Refer for Diagnostic Exam <input type="checkbox"/> Borderline High: 200-239 mg/dL Complete Borderline Cholesterol Worksheet to determine if referral is indicated. <input type="checkbox"/> Normal: < 200 mg/dL No referral for Fasting Lipid Profile or Diagnostic Exam
Total Cholesterol (mg/dL) (If first reading > 400) <u>82465</u>		
HDL (mg/dL) <u>83718</u>		<input type="checkbox"/> Undesirable: < 40 mg/dL Fasting Lipid Profile and Refer for Diagnostic Exam <input type="checkbox"/> Desirable: 40-59 mg/dL No referral for Diagnostic Exam <input type="checkbox"/> Very Desirable: ≥ 60 mg/dL No referral for Diagnostic Exam
Glucose (mg/dL) <u>82947</u>		<input type="checkbox"/> Alert: < 50 or > 275 mg/dL Fasting or Casual (MCCM*) Follow-up Fasting Plasma Glucose and Diagnostic Exam within 1 week <input type="checkbox"/> Diabetes: > 125 mg/dL Fasting OR > 160 mg/dL Casual with symptoms (<i>frequent urination, excessive thirst, unexplained weight loss</i>) Follow-up Fasting Plasma Glucose and Refer for Diagnostic Exam <input type="checkbox"/> Pre-diabetes: 100-125 mg/dL Fasting Follow-up Fasting Plasma Glucose and Refer for Diagnostic Exam <input type="checkbox"/> Uncategorized: 100-159 mg/dL Casual Complete Diabetes Risk Factor Worksheet to determine if Follow-up Fasting Plasma Glucose is indicated. <input type="checkbox"/> Desirable: < 100 mg/dL Fasting OR < 160 mg/dL Casual with no risk factors No referral for Follow-up Fasting Plasma Glucose or Diagnostic Exam
Hemoglobin A1C <u>83036</u>		<input type="checkbox"/> Only for clients previously diagnosed with diabetes
Pulse	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> Newly Identified Irregular Pulse Refer for Diagnostic Exam <input type="checkbox"/> Irregular Pulse NOT Newly Identified No referral for Diagnostic Exam

*MCCM: Medical Care Case Management

Client referred for Diagnostic Exam? ☐ Yes ☐ No Client referred for follow up lab work? ☐ Yes ☐ No
 Medical Care Case Management Required? ☐ Yes ☐ No Intervention Level: ☐ Level 1 ☐ Level 2 ☐ Level 3

Participant linked to community-based resources related to: (Check all that apply)

☐ Nutrition ☐ Physical Activity ☐ Smoking Cessation ☐ Quitline

Signature of Staff Member Conducting Screening _____