



WISEWOMAN Screening Form

Screening Date _____

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

NOTE: * ASTERISK INDICATES A REQUIRED RESULT VALUE

Clinical Measurement	Result	Categories and Protocols for Medical Referral
Height (inches)*		BMI _____ <input type="checkbox"/> Obese: BMI ≥ 30 Consider as risk factor for CVD. No referral for Medical Evaluation <input type="checkbox"/> Overweight: BMI 25.0-29.9 No referral for Medical Evaluation <input type="checkbox"/> Normal: BMI 18.5-24.9 No referral for Medical Evaluation <input type="checkbox"/> Underweight: BMI < 18.5 No referral for Medical Evaluation
Weight (pounds)*		
Waist Circum. (inches)* <i>Enter measurement value or check reason missing</i>		<input type="checkbox"/> Low to moderate risk: ≤ 35 inches No referral for Medical Evaluation <input type="checkbox"/> High risk: > 35 inches Consider as risk factor for CVD. No referral for Medical Evaluation <input type="checkbox"/> Unable to obtain <input type="checkbox"/> Client Refused <input type="checkbox"/> Measurement not performed
1 st Blood Pressure (BP)*	/	<input type="checkbox"/> * Alert: > 180 (systolic) and/or > 110 (diastolic) (AVCM*) Refer for Medical Evaluation 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 Medical Evaluation and Blood Pressure Control Support <input type="checkbox"/> Stage 1 Hypertension: 140-159 (systolic) and/or 90-99 (diastolic) Refer for Medical Evaluation and Blood Pressure Control Support <input type="checkbox"/> Prehypertension: 120-139 (systolic) and/or 80-89 (diastolic) No referral for Medical Evaluation <input type="checkbox"/> Normal: < 120 (systolic) and < 80 (diastolic) No referral for Medical Evaluation
2 nd BP*	/	
Average BP (determine category with this number)	/	
* Fasting Status: Has Client fasted for at least 9 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Total Cholesterol (mg/dL)*		<input type="checkbox"/> High: ≥ 240 mg/dL Refer for Fasting Lipid Profile and Medical Evaluation if not currently being treated for high cholesterol <input type="checkbox"/> Borderline High: 200-239 mg/dL Refer for Fasting Lipid Profile if not currently being treated for high cholesterol (If LDL from fasting lipid profile is ≥ 160 , refer for Medical Evaluation) <input type="checkbox"/> Normal: < 200 mg/dL No referral for Fasting Lipid Profile or Medical Evaluation
HDL (mg/dL)*		<input type="checkbox"/> Undesirable: < 40 mg/dL Refer for fasting Lipid Profile if not currently being treated for high cholesterol (If LDL from fasting lipid profile is ≥ 160 , refer for Medical Evaluation) <input type="checkbox"/> Desirable: 40-59 mg/dL No referral for Medical Evaluation <input type="checkbox"/> Very Desirable: ≥ 60 mg/dL No referral for Medical Evaluation
LDL Cholesterol (mg/dL) *		<input type="checkbox"/> High ≥ 160 Refer for Medical Evaluation <input type="checkbox"/> Borderline High: 130-159 <input type="checkbox"/> Normal: $< 100 - 129$ No referral for Medical Evaluation
Triglycerides (mg/dL)*		<input type="checkbox"/> Very High: ≥ 500 Refer for medical evaluation <input type="checkbox"/> High: 200-499 Refer for medical evaluation (If value is ≥ 400 and patient is not fasting, refer for a fasting lipid panel) <input type="checkbox"/> Borderline: 150 –199 No referral for medical evaluation <input type="checkbox"/> Normal: < 150 No referral for medical evaluation
Hemoglobin A1c**		<input type="checkbox"/> Elevated: $> 7\%$ Refer to provider treating diabetes. If not currently seeing a provider, refer for Medical Evaluation <input type="checkbox"/> Desirable: $\leq 7\%$ No referral for Medical Evaluation
Fasting Glucose (mg/dL)**		<input type="checkbox"/> * Alert: ≥ 250 mg/dL <input type="checkbox"/> Diabetes: 126-249 mg/dL <input type="checkbox"/> Pre-diabetes: 100-125 mg/dl Fasting <input type="checkbox"/> Desirable: 70-99 mg/dl Fasting

***AVCM: Alert Value Case Management**

****NOTE:** For blood glucose either an A1c value OR a Fasting Glucose value should be recorded. Do not enter a non-fasting value.

Client referred for Medical Evaluation? Yes No **Risk Reduction Counseling Complete? (Required)** Yes No
 Client referred for follow-up lab work? Yes No Alert Value Case Management (AVCM) Required? Yes No

Reason for refused referral _____

Signature of Staff Member Conducting Screening _____