



WISEWOMAN Informed Consent

The WISEWOMAN Program will help identify my risks for getting cardiovascular disease (CVD, also known as heart disease), having a heart attack, having a stroke, or getting diabetes. The WISEWOMAN program will also try to help me make changes that will lower my risk for getting these diseases. Any information I give will be kept private, and it will not be shared with anyone outside the WISEWOMAN program.

As a WISEWOMAN Program participant:

- I will have my weight and height measured.
- I will have my blood pressure checked.
- I will get a finger-stick to collect a small sample of blood. This will measure my blood sugar (glucose) and cholesterol (total cholesterol, and HDL cholesterol).
- I will answer questions about my health and my family’s health history.
- I will answer questions about what I eat, how active I am, and if I smoke cigarettes. These questions will help determine my risk of getting diabetes or having a heart attack or stroke.
- I understand that the test results are not a diagnosis of a disease.
- If any of my results are not normal, I will be referred for 1 diagnostic exam. If needed, I may be referred for blood tests for cholesterol and diabetes.
- **It is my responsibility to show up for all appointments.**
- I will have the chance to work on small steps toward better health.
- If I choose, I can work with a Lifestyle Counselor to set healthy goals. I will set goals that are interesting to me. These goals can be about eating healthy foods, being active, or not smoking. Working on these healthy goals may lower my risk for having a stroke, a heart attack, or getting diabetes.

Who will pay for the WISEWOMAN Services?

INITIALS _____

- In order to be eligible for WISEWOMAN, I must be enrolled in the Breast and Cervical Cancer Control Program (BCCCP).
- If I am not eligible for BCCCP, then I am not eligible for WISEWOMAN.
- The WISEWOMAN Program will pay for these services as long as I am eligible for WISEWOMAN, and as long as I see a participating health care provider. I will have to pay for **any other follow-up medical appointments and tests.**

Have you ever been told by a doctor, nurse or other health professional to limit physical activity to less than a brisk walk? Yes No

Do you feel chest discomfort when you are physically active or when you are resting? Yes No

Do you have bone, back, or joint pain that could be made worse by walking more? Yes No

Do you know of any reason why you should not exercise without a doctor’s permission? Yes No

I fully understand the information in this form and agree to join the WISEWOMAN Program.

Name Date

Witness Date

Printed Name

Printed Name

Guardian Name (if applicable)

Printed Name