# WISEWOMAN Referral For Diagnostic Exam

Client Name ______________________________ Birth Date ______________ MBCIS ID__________

Referred to _____________________________ Phone # _______________ Fax #_______________

Referred by ________________________________________ Phone #________________________

Reason(s) for Referral: ❑ Elevated Blood Pressure______________ ❑ Elevated Total Cholesterol______________
❑ Elevated Glucose__________________ ❑ Undesirable HDL Cholesterol____________

**(See attached Screening Form and/or laboratory report for the clinical values related to the referral.)**

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**Client Diagnostic Exam Appointment Date: _____/_____/_____**

Notes:

______________________________________________________________________

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______________________________________________________________________

❑ Client needs physical activity clearance

❑ Client needs assessment for an irregular pulse

______________________________ ______________

Signature Date

**TO BE COMPLETED BY HEALTH CARE PROVIDER**

**Date of Diagnostic Exam**_____/_____/_____ BP on Date of Exam ________/________

Diagnostic Exam Results and Plan of Care. (Include any medications prescribed or changes to medications.)

❑ Medication ______________________________________________________________

❑ Client already on medication – No medication changes

❑ Therapeutic lifestyle changes ____________________________________________

______________________________________________________________________

❑ Other treatment __________________________________________________________

❑ No treatment prescribed

Client cleared for Physical Activity ❑ Yes ❑ No

______________________________ ______________

Signature of Health Care Provider Date

| **Check the box of the Office Visit CPT Code for which you plan to bill. Please check ONE box only.** | | | | | | |
|---|---|---|---|---|---|---|
| **New** | ❑ 99201 | ❑ 99202 | ❑ 99203 | ❑ 99204 | ❑ 99386 | ❑ 99387 |
| **Established** | ❑ 99211 | ❑ 99212 | ❑ 99213 | ❑ 99214 | ❑ 99396 | ❑ 99397 |

**RETURN REPORT BY FAX**____________________ **ATTENTION:**____________________