



# 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)		<b>BMI</b> _____ <input type="checkbox"/> <b>Obesity:</b> BMI $\geq 30$ Consider as risk factor for CVD. No referral for Diagnostic Exam <input type="checkbox"/> <b>Overweight:</b> BMI 25.0-29.9 No referral for Diagnostic Exam <input type="checkbox"/> <b>Normal:</b> BMI 18.5-24.9 No referral for Diagnostic Exam <input type="checkbox"/> <b>Underweight:</b> BMI $< 18.5$ No referral for Diagnostic Exam
Weight (pounds)		
1 <sup>st</sup> Blood Pressure (BP)	/	<input type="checkbox"/> <b>Alert:</b> $>180$ (systolic) <b>and/or</b> $>110$ (diastolic) (MCCM*) Refer for Diagnostic Exam <b>immediately or within 1 week</b> depending on clinical situation and complications <input type="checkbox"/> <b>Stage 2 Hypertension:</b> 160-180 (systolic) <b>and/or</b> 100-110 (diastolic) Refer for Diagnostic Exam <input type="checkbox"/> <b>Stage 1 Hypertension:</b> 140-159 (systolic) <b>and/or</b> 90-99 (diastolic) Refer for Diagnostic Exam <input type="checkbox"/> <b>Prehypertension:</b> 120-139 (systolic) <b>and/or</b> 80-89 (diastolic) No referral for Diagnostic Exam <input type="checkbox"/> <b>Normal:</b> $<120$ (systolic) <b>and</b> $<80$ (diastolic) No referral for Diagnostic Exam
2 <sup>nd</sup> BP	/	
Average BP (determine category with this number)	/	
<b>Has Client fasted for at least 9 hours?</b> <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"/> <b>Alert:</b> $>400$ mg/dL (MCCM*) Diagnostic Exam and fasting lipid profile within <b>1 week</b> <input type="checkbox"/> <b>High:</b> 240-400 mg/dL Fasting Lipid Profile and Refer for Diagnostic Exam <input type="checkbox"/> <b>Borderline High:</b> 200-239 mg/dL <i>Complete Borderline Cholesterol Worksheet to determine if referral is indicated.</i> <input type="checkbox"/> <b>Normal:</b> $<200$ 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"/> <b>Undesirable:</b> $<40$ mg/dL Fasting Lipid Profile and Refer for Diagnostic Exam <input type="checkbox"/> <b>Desirable:</b> 40-59 mg/dL No referral for Diagnostic Exam <input type="checkbox"/> <b>Very Desirable:</b> $\geq 60$ mg/dL No referral for Diagnostic Exam
Glucose (mg/dL) <u>82947</u>		<input type="checkbox"/> <b>Alert:</b> $>375$ mg/dL Fasting or Casual (MCCM*) Follow-up Fasting Plasma Glucose and Diagnostic Exam within <b>1 week</b> <input type="checkbox"/> <b>Diabetes:</b> $>125$ 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"/> <b>Pre-diabetes:</b> 100-125 mg/dL Fasting Follow-up Fasting Plasma Glucose and Refer for Diagnostic Exam <input type="checkbox"/> <b>Uncategorized:</b> 100-159 mg/dL Casual <i>Complete Diabetes Risk Factor Worksheet to determine if Follow-up Fasting Plasma Glucose is indicated.</i> <input type="checkbox"/> <b>Desirable:</b> $<100$ 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"/> <b>Only for clients previously diagnosed with diabetes</b>
Pulse	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> <b>Newly Identified Irregular Pulse</b> Refer for Diagnostic Exam <input type="checkbox"/> <b>Irregular Pulse NOT Newly Identified</b> 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 \_\_\_\_\_