



WISEWOMAN Medical Care Case Management Form

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|-------------|------------|----------------|------------|
| Agency Name | | MBCIS ID | |
| Last Name | First Name | Middle Initial | Birth Date |

Reason for Medical Care Case Management: Alert Blood Pressure Alert Glucose
 Alert Total Cholesterol

Participant Status: Complete – Attended Diagnostic Exam
 Refused to follow through with referral
 Lost to Follow-up – Unable to contact participant

Resolution Date: _____ (Date participant Attended Exam, Refused, or was determined to be Lost to Follow-up)

Treatment Prescribed:

Attempts to Contact:

Phone Call 1: Date: _____ Time: _____

Phone Call 2: Date: _____ Time: _____

Phone Call 3: Date: _____ Time: _____

Letter Sent: Date: _____

Written explanation for Refused or not meeting 7 day deadline for diagnostic exam

Case Manager Signature _____ **Date** _____

This form must be completed and faxed within 5 business days AFTER Resolution Date to:

ATTN: WISEWOMAN Program
Fax: 517-335-9397