



# WISEWOMAN Referral For Diagnostic Exam

Client Name Ella Fitzgerald Birth Date 6/20/1958 MBCIS ID 241090

Referred to Dr. Jones Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Referred by Heather Miller Phone # \_\_\_\_\_

Reason(s) for Referral:  Elevated Blood Pressure 193/84  Elevated Total Cholesterol \_\_\_\_\_  
 Elevated Glucose 111  Undesirable HDL Cholesterol \_\_\_\_\_

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

Client Diagnostic Exam Appointment Date: 1 / 19 / 2010

Notes:

Client has alert BP (193/84) on 1/15/2010. Please assess and advise.

Client will be sent for f/u FPG ASAP.

Client needs physical activity clearance

Client needs assessment for an irregular pulse

Heather Miller  
Signature

1/15/2010  
Date

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**TO BE COMPLETED BY HEALTH CARE PROVIDER**  
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Date of Diagnostic Exam 1 / 19 / 2010 BP on Date of Exam 184 / 82

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

Medication Increased BP medication - gave free samples.

Client already on medication - No medication changes

Therapeutic lifestyle changes Lower Salt. Eat more fruits and veggies.

Other treatment \_\_\_\_\_

No treatment prescribed

Client cleared for Physical Activity  Yes  No

Dr. Jones  
Signature of Health Care Provider

1/19/2010  
Date

**Check the box of the Office Visit CPT Code for which you plan to bill. Please check ONE box only.**

|             |                                |                                |                                |   |                                |                                |
|-------------|--------------------------------|--------------------------------|--------------------------------|---|--------------------------------|--------------------------------|
| New         | <input type="checkbox"/> 99201 | <input type="checkbox"/> 99202 | <input type="checkbox"/> 99203 | <input type="checkbox"/> 99204            | <input type="checkbox"/> 99386 | <input type="checkbox"/> 99387 |
| Established | <input type="checkbox"/> 99211 | <input type="checkbox"/> 99212 | <input type="checkbox"/> 99213 | <input checked="" type="checkbox"/> 99214 | <input type="checkbox"/> 99396 | <input type="checkbox"/> 99397 |

RETURN REPORT BY FAX \_\_\_\_\_ ATTENTION: \_\_\_\_\_