



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WISEWOMAN Diagnostic Form



Used for Reporting: Diagnostic Office Visit, Labs not completed on the day of the screening visit, Alert Values not completed on the day of screening, and Reporting services not being billed.

Diagnostic Visit Lab Only Reporting Only

PROVIDER NAME				DATE
NAME: LAST	FIRST	MIDDLE INITIAL	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER

A. DIAGNOSTIC OFFICE VISIT JUSTIFICATION (TWO BLOOD PRESSURE READINGS REQUIRED)

<input type="checkbox"/> Blood Pressure <input type="checkbox"/> Blood Glucose <input type="checkbox"/> Cholesterol <input type="checkbox"/> Medication for Smoking Cessation	BP 1 st ____/____	BP 2 nd ____/____
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B. CLINICAL MEASUREMENTS

Fasting (9-12 hrs.) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Glucose Quant. (Fasting Only)	<input type="checkbox"/> BG Strip (Fasting Only)	<input type="checkbox"/> A1C	<input type="checkbox"/> BMP (Abnormal results in Comments)	<input type="checkbox"/> CMP (Abnormal results in Comments)
<input type="checkbox"/> Lipid Panel (Fasting Only)	<input type="checkbox"/> Total Cholesterol	<input type="checkbox"/> HDL	<input type="checkbox"/> LDL	<input type="checkbox"/> Triglycerides	

C. MEDICAL FOLLOW-UP NOTES

Have the client's medications been addressed? Yes No Client Refused
 If yes, was the client prescribed medication? Yes No Client Refused
 If yes, was client referred for medication education? Yes No Client Refused
 If yes, was the client identified to have uncontrolled hypertension? Yes No Client Refused
 Can the client obtain medications? Yes No
 Was the client given access to resources or were resources given? Yes No Client Refused
 Was a treatment plan offered? Yes No Client Refused
 If yes, which of the following was offered? Health Coaching BP Medical Follow-Up
 Self-Monitoring Blood Pressure

D. ALERT VALUE FOLLOW-UP

Document status of workup using codes found below. Contact the WISEWOMAN Education Coordinator for assistance in submitting into MOHSAIC, if needed.

<input type="checkbox"/> ALERT BLOOD PRESSURE Alert Blood Pressure SBP > 180 or DBP > 120 mmHg Evaluation Visit Date: ____/____/____ *Status of Work-up: ____ (Number from below)	<input type="checkbox"/> ALERT BLOOD GLUCOSE Alert Blood Glucose ≤ 50 or ≥ 250 mg/dl Evaluation Visit Date: ____/____/____ *Status of Work-up: ____ (Number from below)
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*Status of Work-up Number Codes

- Work-up complete.** Participant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit.
Notify WISEWOMAN Education Coordinator of any of the following status responses:
- Follow-up/workup by alternate provider.** Patient intends to see alternate provider within seven (7) days.
- Client refused workup.** Participant had an alert value but refused workup.
- Workup not completed, client lost to follow-up.** Participant had an alert value but was lost to follow-up and workup was not completed. *Lost to follow-up* is defined as a participant who did not attend her scheduled workup within three (3) months after a screening visit and could not be reached to reschedule another appointment.

Alert Value Notes/Comments:

Medical Professional Notes: