Prime Contractor Information

Washington State WISEWOMAN **Risk Reduction** Form

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| **Name:** |  | **DOB:** |  | **Date:** |  |
| **Labs reviewed with patient?\*** Yes ☐ No ☐ **Sent in Writing?** Yes ☐ No ☐ |
| **Date patient informed of lab results (if not avail same day)? / /** |
| **Participant decided as priority area:** |
| Nutrition | Yes ☐ No ☐ |
| Physical activity | Yes ☐ No ☐ |
| Smoking cessation | Yes ☐ No ☐ |
| Medication adherence for hypertension | Yes ☐ No ☐ |
| Reviewed risk factors for CVD, stroke, chronic disease with patient | Yes ☐ No ☐ |
| Addressed smoking status | Yes ☐ No ☐ |
| Discussed role of diet and physical activity with patient | Yes ☐ No ☐ |
| If referred for smoking cessation, what type of resources was patient referred to (check resource below). If not applicable, leave blank.☐ Quit Line☐ Community‐based tobacco program☐ Other tobacco cessation resource (e.g. 2Morrow App), User ID **Referral Date:**  |
| Outcome of tobacco cessation referral, if applicable: ☐ Completed ☐ Partially completed ☐ Discontinued |
| Does client wish to participate in a lifestyle intervention program?**Referral Date:** | Yes ☐ No ☐ |
| **Referral Program or Site:** (Only check if referral program is known, otherwise leave blank)[ ]  Blood pressure Self-Monitoring [ ]  Health Coaching [ ]  BP Self-Monitoring w/ Clinical Support [ ]  Big 4 Health Coaching[ ]  Diabetes Prevention Program [ ]  Lose to Win YMCA[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FAX to:**