





Washington State WISEWOMAN Risk Reduction Form

| Name: | DOB: | | Date: | |
|---|------|------------|-------|------|
| Labs and Follow-up | · | | | |
| Lab used: Date sent to lab: | | | | |
| Labs reviewed with patient?* Yes □ No □ Sent in Writing? Yes □ No □ | | | | |
| Date patient informed of lab results (if not avail same day)? | | | | |
| 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 □ |
| Participant decided as priority area: | | | | |
| Nutrition | | | Yes □ | No □ |
| Physical activity | | | Yes □ | No □ |
| Smoking cessation | | | Yes □ | No □ |
| Medication adherence for hypertension | | | 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: | | | | |
| Does client wish to participate in a lifestyle intervention | | Yes □ No □ | | |
| Referral Date: | | | | |
| Referral Program or Site: (Only check if referral program is known, otherwise leave blank) | | | | |
| □ Blood pressure Self-Monitoring (4 Month Program) □ Health Coaching (4 Sessions, Contemplation) □ BP Self-Monitoring w/ Clinical Support (4 HC Sessions) □ Lose to Win YMCA (Virtual Group, 13 Sessions) □ Diabetes Prevention Program (DPP) | | | | |

FAX to: