



WISEWOMAN Case Management Form

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

Reason for Case Management: ☐ Alert Blood Pressure ☐ Alert Glucose

Participant Status:

Alert Value Case Management
<input type="checkbox"/> Complete – Attended Medical Evaluation
<input type="checkbox"/> Refused referral (<i>document below</i>)
<input type="checkbox"/> Lost to Follow-up (<i>document below</i>)
<input type="checkbox"/> Noncompliant (<i>document below</i>)
<input type="checkbox"/> Not Applicable

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

Treatment Prescribed:

Attempts to Contact:

1. Phone Call: Date: _____ Time: _____
2. Phone Call: Date: _____ Time: _____
3. Phone Call: Date: _____ Time: _____
4. Letter Sent: Date: _____ *If no response after 2 weeks, consider Lost to Follow-up*

Written explanation for Refused, Noncompliant, or for Alert Value not meeting 7-day deadline for Medical Evaluation

Case Manager Signature _____ **Date** _____

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

ATTN: WISEWOMAN Program
Fax: 517-763-0290