



# Wise Choices Screening Form

Screening Date \_\_\_\_\_

Last Name	First Name	Middle Initial	Birth Date	MBCIS ID
Screening Site				

**NOTE: \* ASTERISK INDICATES A REQUIRED RESULT VALUE**

Clinical Measurement	Result	Categories and Protocols for Medical Referral
Height (inches)*		<b>BMI</b> _____ <input type="checkbox"/> <b>Obese:</b> BMI $\geq 30$ Consider as risk factor for CVD. No referral for Medical Evaluation <input type="checkbox"/> <b>Overweight:</b> BMI 25.0-29.9 No referral for Medical Evaluation <input type="checkbox"/> <b>Normal:</b> BMI 18.5-24.9 No referral for Medical Evaluation <input type="checkbox"/> <b>Underweight:</b> BMI $< 18.5$ No referral for Medical Evaluation
Weight (pounds)*		
Waist Circum. (inches)* <i>Enter measurement value or check reason missing</i>		<input type="checkbox"/> <b>Low to moderate risk:</b> $\leq 35$ inches No referral for Medical Evaluation <input type="checkbox"/> <b>High risk:</b> $> 35$ inches Consider as risk factor for CVD. No referral for Medical Evaluation <input type="checkbox"/> Unable to obtain <input type="checkbox"/> Client Refused <input type="checkbox"/> Measurement not performed
1 <sup>st</sup> Blood Pressure (BP)*	/	<input type="checkbox"/> <b>* Alert:</b> $> 180$ (systolic) <b>and/or</b> $> 110$ (diastolic) (AVCM*) Refer for Medical Evaluation <b>immediately or within 1 week</b> depending on clinical situation and complications <input type="checkbox"/> <b>Stage 2 Hypertension:</b> 160-180 (systolic) <b>and/or</b> 100-110 (diastolic) Refer for Medical Evaluation and Blood Pressure Control Support <input type="checkbox"/> <b>Stage 1 Hypertension:</b> 140-159 (systolic) <b>and/or</b> 90-99 (diastolic) Refer for Medical Evaluation and Blood Pressure Control Support <input type="checkbox"/> <b>Prehypertension:</b> 120-139 (systolic) <b>and/or</b> 80-89 (diastolic) No referral for Medical Evaluation <input type="checkbox"/> <b>Normal:</b> $< 120$ (systolic) <b>and</b> $< 80$ (diastolic) No referral for Medical Evaluation
2 <sup>nd</sup> BP*	/	
Average BP (determine category with this number)	/	
<b>* Fasting Status: Has Client fasted for at least 9 hours?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Total Cholesterol (mg/dL)*		<input type="checkbox"/> <b>High:</b> $\geq 240$ mg/dL Refer for Fasting Lipid Profile and Medical Evaluation <b>if not currently being treated for high cholesterol</b> <input type="checkbox"/> <b>Borderline High:</b> 200-239 mg/dL Refer for Fasting Lipid Profile <b>if not currently being treated for high cholesterol</b> (If LDL from fasting lipid profile is $\geq 160$ , refer for Medical Evaluation) <input type="checkbox"/> <b>Normal:</b> $< 200$ mg/dL No referral for Fasting Lipid Profile or Medical Evaluation
HDL (mg/dL)*		<input type="checkbox"/> <b>Undesirable:</b> $< 40$ mg/dL Refer for fasting Lipid Profile <b>if not currently being treated for high cholesterol</b> (If LDL from fasting lipid profile is $\geq 160$ , refer for Medical Evaluation) <input type="checkbox"/> <b>Desirable:</b> 40-59 mg/dL No referral for Medical Evaluation <input type="checkbox"/> <b>Very Desirable:</b> $\geq 60$ mg/dL No referral for Medical Evaluation
LDL Cholesterol (mg/dL) *		<input type="checkbox"/> <b>High</b> $\geq 160$ Refer for Medical Evaluation <input type="checkbox"/> <b>Borderline High:</b> 130-159 <input type="checkbox"/> <b>Normal:</b> $< 100 - 129$ No referral for Medical Evaluation
Triglycerides (mg/dL)*		<input type="checkbox"/> <b>Very High:</b> $\geq 500$ Refer for medical evaluation <input type="checkbox"/> <b>High:</b> 200-499 Refer for medical evaluation (If value is $\geq 400$ and patient is not fasting, refer for a fasting lipid panel) <input type="checkbox"/> <b>Borderline:</b> 150 – 199 No referral for medical evaluation <input type="checkbox"/> <b>Normal:</b> $< 150$ No referral for medical evaluation
Hemoglobin A1c**		<input type="checkbox"/> <b>Elevated:</b> $> 7\%$ Refer to provider treating diabetes. If not currently seeing a provider, refer for Medical Evaluation <input type="checkbox"/> <b>Desirable:</b> $\leq 7\%$ No referral for Medical Evaluation
Fasting Glucose (mg/dL)**		<input type="checkbox"/> <b>* Alert:</b> $\geq 250$ mg/dL <input type="checkbox"/> <b>Diabetes:</b> 126-249 mg/dL <input type="checkbox"/> <b>Pre-diabetes:</b> 100-125 mg/dl Fasting <input type="checkbox"/> <b>Desirable:</b> 70-99 mg/dl Fasting

**\*AVCM: Alert Value Case Management**

**\*\*NOTE:** For blood glucose either an A1c value OR a Fasting Glucose value should be recorded. Do not enter a non-fasting value.

Client referred for Medical Evaluation?     Yes     No    **Risk Reduction Counseling Complete? (Required)**     Yes     No  
 Client referred for follow-up lab work?     Yes     No    Alert Value Case Management (AVCM) Required?     Yes     No

Reason for refused referral \_\_\_\_\_

Signature of Staff Member Conducting Screening \_\_\_\_\_