



Wise Choices Case Management Form

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|-------------|------------|----------------|------------|
| 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>) |

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: Wise Choices Program
Fax: 517-335-8752