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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-01219 (11/2019) | **STATE OF WISCONSIN**Bureau of Community Health PromotionChronic Disease Prevention and Cancer Control Section |
| wisewoman health history assessment |
| SECTION 1 – CLIENT AND PROVIDER INFORMATION |
| 1. Provider Agency Name | 2. Print Performing Provider Name | 3. Date of Contact |
|       |       |       |
| 4. Client Name (Last, First MI) | 5. Date of Birth | 6. Client ID Number |
|       |       |       |
| **SECTION 2 – PERSONAL HEALTH HISTORY** | Yes | No | Don’t Know or Not Sure | Not Applicable |
| 1. Have you had any of the following:
 |
| * 1. Coronary heart disease
 | [ ]  | [ ]  | [ ]  |  |
| * 1. Heart attack
 | [ ]  | [ ]  | [ ]  |  |
| * 1. Heart failure
 | [ ]  | [ ]  | [ ]  |  |
| * 1. Vascular disease (peripheral arterial disease)
 | [ ]  | [ ]  | [ ]  |  |
| * 1. Stroke/TIA
 | [ ]  | [ ]  | [ ]  |  |
| * 1. Congenital heart disease and defects
 | [ ]  | [ ]  | [ ]  |  |
| 1. Are you taking aspirin daily to help prevent a heart attack or stroke?
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Do you have high cholesterol?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Was medication **(Statin)** prescribed to lower your cholesterol?
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. **Was medication (other than Statin) prescribed to lower your cholesterol**?
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. During the past seven days on how many days did you take prescribed medication to lower your cholesterol?Number of Days:
 | [ ]  |
| 1. Do you have diabetes (either type 1 or type 2)?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Was medication prescribed to lower your blood sugar (for diabetes)?
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. During the past seven days, on how many days did you take prescribed medication to lower your blood sugar(for diabetes)? Number of Days:
 | [ ]  |
| 1. Do you have hypertension (high blood pressure)?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Was medication prescribed to lower your blood pressure?
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. During the past seven days, on how many days did you take prescribed medication (including diuretics/water pills) to lower your blood pressure? Number of Days:
 | [ ]  |
| 1. Do you measure your blood pressure at home or use other community-calibrated sources (for example, pharmacy or free blood pressure clinic)? [ ]  Yes [ ]  No

**If no, check all that apply:**[ ]  I was never told to measure blood pressure [ ]  I don’t know how to measure blood pressure[ ]  I don’t have equipment to measure blood pressure [ ]  Not Applicable |
| 1. How often do you measure your blood pressure at home or use other community-calibrated sources?

[ ]  Multiple times per day [ ]  Daily [ ]  A few times a week [ ]  Weekly [ ]  Monthly [ ]  None [ ]  Not Applicable |
| 1. Do you regularly share blood pressure readings with a health care provider for feedback?
 | [ ]  | [ ]  | [ ]  | [ ]  |