WISEWOMAN

RISK REDUCTION COUNSELING & REFERRAL

COLORADO
Department of Public Health & Environment

AGENCY OR SITE	CHART #	eCaST ID

LAST NAME	FIRST NAME	DATE OF BIRTH

CLINICIAN INSTRUCTIONS: Please fill in each part below.

Risk Reduction / Priority Areas / Readiness to Change/Tobacco Cessation

Risk Reduction ☐ WISEWOMAN screening office visit **WAS NOT** provided on the same date as the WWC office visit (**non-integrated office visit**)

► Risk reduction **counseling date** ___/___/_____ ☐ **Enhanced** Risk Reduction Counseling Provided ► Risk reduction **counseling completion date** ___/___/_____

Priority Areas

► Participant decided **nutrition** is a priority area…….. ☐ Yes ☐ No

► Participant decided **physical activity** is a priority area…… ☐ Yes ☐ No

► Participant decided **smoking cessation** is a priority area…….. ☐ Yes ☐ No

► Participant decided **medication adherence for hypertension (high blood pressure)** is a priority area…… ☐ Yes ☐ No

Readiness to Change

► Readiness to change **assessment date**... ___/___/____

► Participant **stage of change**…… ☐ Pre-contemplation ☐ Contemplation ☐ Preparation ☐ Action ☐ Maintenance

Tobacco Cessation (Quitline)

► **Date of referral** to tobacco cessation resource… ___/___/____

► Type of tobacco **cessation resource**…… ☐ Quit line ☐ Community-based tobacco program ☐ Other tobacco cessation resources

► Tobacco cessation **activity completed**… ☐ Yes—Completed tobacco cessation activity ☐ No—Partially completed tobacco cessation activity ☐ No—Refused tobacco cessation activity when reached ☐ No—Could not reach to conduct tobacco cessation activity

Diabetes Prevention Program (DPP)/Cooking Matters (CM)/Health Coaching (HC)

☐ DPP ☐ CM ☐ HC

Referral Date… ___/___/____

Completion of DPP/CM/HC

☐ Yes — DPP/CM/HC is complete

☐ No — DPP/CM/HC is still in progress

☐ No — Withdrawal/Discontinued*

If **"No — Withdrawal/Discontinued" is selected for DPP/CM/HC please identify what barriers the patient encountered that prevented completion of the program?.....*

Barriers Identified to Program Completion

- ☐ Appointment needed unavailable
- ☐ Child/Elder care
- ☐ Comorbidities
- ☐ Cultural/Language
- ☐ Disability
- ☐ Fear
- ☐ Financial problems
- ☐ Health Literacy
- ☐ Housing
- ☐ Mistrust of health care system
- ☐ Scheduling conflict
- ☐ Transportation
- ☐ Other barrier, please specify _____

WISEWOMAN

RISK REDUCTION COUNSELING & REFERRAL

—PAGE 2

COLORADO
Department of Public Health & Environment

AGENCY OR SITE	CHART #	eCaST ID

LAST NAME	FIRST NAME	DATE OF BIRTH

CLINICIAN INSTRUCTIONS: Please fill in each part below.

Diabetes Prevention Program (DPP)/Cooking Matters (CM)/Health Coaching (HC) Sessions

	Date of Session	Provider	Type of Session		Setting of Session			DPP ONLY		HC ONLY			
		Staff/Subcontractor	Face-to-face	Phone (HC ONLY)	Group	Individual (HC ONLY)	Combination (HC ONLY)	Session Type (Initial phase/Second Phase/Make-up/Missed)	Session Number	Patient Importance (1-10)	Patient Confidence (1-10)	Length of Session (min.)	Stage of Change by Session (PC=Precontemplation; C=Contemplation; P=Preparation; A=Action; M=Maintenance)
1	__/__/____												
2	__/__/____												
3	__/__/____												
4	__/__/____												
5	__/__/____												
6	__/__/____												
7	__/__/____												
8	__/__/____												
9	__/__/____									***Comments/Notes:***			
#	__/__/____												
#	__/__/____												
#	__/__/____												
#	__/__/____												
#	__/__/____												
#	__/__/____												
#	__/__/____												
#	__/__/____												
#	__/__/____												
#	__/__/____												
#	__/__/____												
#	__/__/____												
#	__/__/____												