


**If you are a woman age 30-64, please complete this form
WISEWOMAN staff will be contacting you soon regarding further opportunities.**

	Name: _____ DOB: _____ DOV: _____	
	Clinic Checklist <input type="checkbox"/> Ht/Wt <input type="checkbox"/> Two BPs 5 min apart <input type="checkbox"/> Fasting lipid panel + GLU OR <input type="checkbox"/> Non-fasting TC, HDL, GLU	
	Clinic: Please route this & copy of PCC to WW Staff for F/U.	
<p>1. Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	<p>2. Have you ever been told by a doctor, nurse or other health provider that you have high blood pressure?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	<p>3. Have you ever been told by a doctor, nurse or other health professional that you have diabetes?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>
<p>4. Do you have a family history of coronary heart disease at a young age (CHD)?</p> <p><input type="checkbox"/> Yes, my father or brother younger than 55 years old has had CHD <input type="checkbox"/> Yes, my mother or sister younger than 65 years old has had CHD <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	<p>5. Are you currently taking medication for high cholesterol?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	
<p>6. Are you currently taking medication for high blood pressure?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	<p>7. Are you currently taking medication for diabetes?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	<p>8. Do you currently smoke cigarettes every day, some days, or not at all?</p> <p><input type="checkbox"/> Everyday <input type="checkbox"/> Some days <input type="checkbox"/> Not at all</p>
<p>9. Do you consider yourself to be of Hispanic or Latina origins?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Unknown</p>	<p>10. Please check your highest grade in school:</p> <p><input type="checkbox"/> 8th grade <input type="checkbox"/> Some high school <input type="checkbox"/> High School grad or GED <input type="checkbox"/> Some college or higher <input type="checkbox"/> Refused <input type="checkbox"/> Unknown</p>	