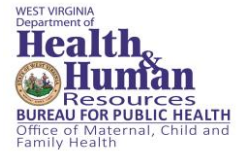




## WEST VIRGINIA WISEWOMAN Referral Form



<i>A copy of this form must be forwarded with the WISEWOMAN Batch Invoice Form to WV WISEWOMAN. See bottom of form for WV WISEWOMAN's address.</i>			
WISEWOMAN Referral Date:			
WVBCCSP Facility:		WVBCCSP #	
Screening Clinician:		Phone #	
Client Name (Last, First, MI):			
Social Security #	Date of Birth:	Phone #	
Street Address:	City:	State:	Zip:
<b>PROVIDER TO WHOM REFERRED</b>			
WISEWOMAN Provider:		Telephone #	
Street Address:	City:	State:	Zip:
Date of Appointment:	Time of Appointment:		
<b>PARTICIPANT TAKE THIS FORM TO YOUR WISEWOMAN APPOINTMENT</b>			

The WISEWOMAN Program is designed to help you reduce your risk of:

- ♥ developing cardiovascular disease (heart)
- ♥ having a heart attack
- ♥ having a stroke
- ♥ becoming diabetic

If you are enrolled in the WV Breast and Cervical Cancer Screening Program (WVBCCSP) and between the ages of 30-64, you are eligible for the WISEWOMAN program. If you choose to join, you will:

- ♥ need to answer some personal, medical and health behavior questions
- ♥ have your height, weight, waist and hips measured
- ♥ have your blood pressure checked
- ♥ give a small blood sample that is used to measure your blood sugar (glucose) and cholesterol

I understand that I am consenting to enroll in WV WISEWOMAN at the WISEWOMAN Provider site listed above.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_