

Patient Name:	Date of Birth:
Practice Name:	Date:
Primary Care Provider Name:	Form Completed by:

Heart Health Screening (Ages 35-64 only)	
Date of office visit:	
Date of next appointment:	
Height:	Weight:
Blood Pressure (1 st reading):	Blood Pressure (2 nd reading):
Has the patient been diagnosed with hypertension? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Risk Reduction Counseling Performed?* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Topics Addressed: <input type="checkbox"/> Nutrition <input type="checkbox"/> Tobacco Use <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure	
Patient is a candidate for: <input type="checkbox"/> Nutrition Counseling <input type="checkbox"/> Physical Activity <input type="checkbox"/> Smoking Cessation Program <input type="checkbox"/> Home Blood Pressure Monitoring <input type="checkbox"/> My Healthy VT <input type="checkbox"/> Walk With Ease	
Referred to health coach or nutritionist?* <input type="checkbox"/> Yes <input type="checkbox"/> No Name of coach:	
Cholesterol and Glucose	
Cholesterol Date:	
Fasting Status: <input type="checkbox"/> Fasting <input type="checkbox"/> Not Fasting <input type="checkbox"/> Unknown	
Total Cholesterol:	Triglycerides:
HDL:	LDL:
Glucose/A1C Date:	
Fasting Status: <input type="checkbox"/> Fasting <input type="checkbox"/> Not Fasting <input type="checkbox"/> Unknown	
Glucose:	A1c:

Cancer Screenings
Breast Cancer Risk Assessment: <input type="checkbox"/> Average <input type="checkbox"/> High* <input type="checkbox"/> Not performed
Cervical Cancer Risk Assessment: <input type="checkbox"/> Average <input type="checkbox"/> High* <input type="checkbox"/> Not Performed
Was a Clinical Breast Exam performed? <input type="checkbox"/> No <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Was a Pelvic Exam performed? <input type="checkbox"/> No <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

Breast Cancer Screening	
Mammogram	
Indication:	<input type="checkbox"/> Screening <input type="checkbox"/> Diagnostic
Type:	<input type="checkbox"/> 2D <input type="checkbox"/> 3D
Date:	Location:
Mammogram Result: <input type="checkbox"/> BI-RADS 0 – Incomplete, additional imaging required <input type="checkbox"/> BI-RADS 1 – Negative <input type="checkbox"/> BI-RADS 2 – Benign Finding <input type="checkbox"/> BI-RADS 3 – Probably Benign <input type="checkbox"/> BI-RADS 4 – Suspicious Abnormality <input type="checkbox"/> BI-RADS 5 – Highly Suggestive of Malignancy	
Next breast cancer screening scheduled for: Date: Location:	

Cervical Cancer Screenings	
Pap Date:	Location:
Pap Test Result: <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> LSIL <input type="checkbox"/> Negative for intraepithelial lesion or malignancy <input type="checkbox"/> Squamous cell carcinoma <input type="checkbox"/> ASC-US <input type="checkbox"/> Adenocarcinoma <input type="checkbox"/> ASC-H <input type="checkbox"/> Adenocarcinoma in situ <input type="checkbox"/> AGC <input type="checkbox"/> Not performed <input type="checkbox"/> HSIL <input type="checkbox"/> Other:	
HPV Date:	Location:
HPV Test Result: <input type="checkbox"/> Negative <input type="checkbox"/> Not performed <input type="checkbox"/> Positive (genotyping not done) <input type="checkbox"/> Positive, but negative for genotypes 16 and 18 <input type="checkbox"/> Positive for genotypes 16 and 18	
Next cervical cancer screening scheduled for: Date: Location:	

You First is a program run by the Vermont Department of Health assisting income-eligible Vermont residents to receive breast cancer, cervical cancer and heart health screening. Additionally, the program provides:

- Clinical navigation to members with abnormal screening results, at high risk for breast or cervical cancer, and those transitioning to treatment
- Health coaching for members ages 35-64 to reduce cardiovascular disease risk and connection to home blood pressure monitoring, increased access to physical activity, increased access to vegetables and fruit, and other healthy behavior support programs

More detailed information about You First and the services covered/provided by the program can be found on our website or by calling us at 800-508-2222.

Definitions

1. **Risk reduction counseling** entails:

- Using motivational interviewing to discuss participant's screening and health risk assessment results.
- Making accommodations as needed to address a patient's language, health literacy, and cultural background.
- Assuring participant understands their CVD risk as compared to other people their age.
- Identifying strategies together to support health goals.
- Linking to available resources to improve health outcomes.
- Arranging follow-up for patients with uncontrolled hypertension.

2. **Health coaching** uses a patient-focused approach to support habits that promote health and well-being. Coaching can include:

- Building skills related to nutrition, physical activity, or quitting smoking.
- Helping patients access community resources such as walking programs or fitness centers to improve health outcomes.

3. Patients are considered to have a **high breast cancer risk** that have one or more of the following:

- Known genetic mutation(s) such as BRCA 1 or 2
- First-degree relatives with premenopausal breast cancer
- Radiation to the chest before the age of 30
- Lifetime risk of 20% or more for development of invasive breast cancer
- Personal or family history or genetic syndromes
- Previous history of breast cancer

4. Patients are considered to have a **high cervical cancer risk** that have or more of the following:

- Have had a solid organ or stem cell transplant
- Who may be immune compromised (e.g. infection with HIV or other disease)
- Who were exposed in utero to diethylstilbestrol (DES)
- Previous history of cervical cancer