

Patient Name:	Date of Birth:	Form Completed by:
Practice Name:	Date of Office Visit:	Provider Name:

Heart Health Screening (For Members over the age of 30)	
Height:	Weight:
Waist Circumference:	
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"/> Weight <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure <input type="checkbox"/> Tobacco Use	
Patient is a candidate for: <input type="checkbox"/> Weight Loss Program <input type="checkbox"/> Exercise Program <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Home Blood Pressure Program <input type="checkbox"/> Monitoring	
Referred to health coach or nutritionist?* <input type="checkbox"/> Yes <input type="checkbox"/> No Name of coach:	

Cholesterol and Glucose (current or most recent results)	
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:

Breast Cancer Screening	
Breast Cancer Risk Assessment: <input type="checkbox"/> Average <input checked="" type="checkbox"/> High* <input type="checkbox"/> Not performed	
Clinical Breast Exam Results (CBE): <input type="checkbox"/> Normal Exam <input type="checkbox"/> Benign Finding <input checked="" type="checkbox"/> Bloody or serous nipple discharge <input checked="" type="checkbox"/> Nipple or areolar scaliness <input checked="" type="checkbox"/> Skin dimpling or retraction <input checked="" type="checkbox"/> Discrete palpable mass previously diagnosed as benign <input checked="" type="checkbox"/> Discrete palpable mass <input type="checkbox"/> Not performed	

Mammogram (current or most recent results)		
Indication:	<input type="checkbox"/> Screening	<input type="checkbox"/> Diagnostic
Type:	<input type="checkbox"/> 2D	<input type="checkbox"/> 3D
Date:	Location:	
Mammogram Result: <input checked="" type="checkbox"/> BI-RADS 0 – Incomplete, additional imaging/comparison is required <input type="checkbox"/> BI-RADS 1 – Negative <input type="checkbox"/> BI-RADS 2 – Benign Finding <input checked="" type="checkbox"/> BI-RADS 3 – Probably Benign <input checked="" type="checkbox"/> BI-RADS 4 – Suspicious Abnormality <input checked="" type="checkbox"/> BI-RADS 5 – Highly Suggestive of Malignancy		
Next mammogram scheduled for: Date: Location:		

Cervical Cancer Screening (current or most recent results)		
Cervical Cancer Risk Assessment: <input type="checkbox"/> Average <input checked="" type="checkbox"/> High* <input type="checkbox"/> Not performed		
Pap Test Indication: <input type="checkbox"/> Screening <input type="checkbox"/> Surveillance		
Date:	Location:	
Pap Test Result: <input checked="" type="checkbox"/> Unsatisfactory <input checked="" type="checkbox"/> LSIL <input type="checkbox"/> Negative for intraepithelial lesion or malignancy <input checked="" type="checkbox"/> Squamous cell carcinoma <input checked="" type="checkbox"/> ASC-US <input checked="" type="checkbox"/> Adenocarcinoma <input checked="" type="checkbox"/> ASC-H <input checked="" type="checkbox"/> Adenocarcinoma in situ <input checked="" type="checkbox"/> AGC <input type="checkbox"/> Not performed <input checked="" type="checkbox"/> HSIL <input type="checkbox"/> Other:		
HPV Indication: <input type="checkbox"/> Co-testing/Screening <input type="checkbox"/> Reflex		
Date:	Location:	
HPV Test Result: <input type="checkbox"/> Negative <input type="checkbox"/> Not performed <input checked="" type="checkbox"/> Positive (genotyping not done) <input checked="" type="checkbox"/> Positive, but negative for genotypes 16 and 18 <input checked="" 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 to reduce cardiovascular disease risk and connection to home blood pressure monitoring, weight loss, exercise, 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 her CVD risk as compared to other women her age.
- Identifying strategies together to support health goals.
- Linking to available resources to improve health outcomes.
- Arranging follow-up for women with uncontrolled hypertension.

2. **Health coaching** uses a patient-focused approach to prepare patients to take responsibility for their health and well-being. Coaching can include:

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

3. Women 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. Women 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