



NC WISEWOMAN Program Consent Form

I agree to take part in the NC WISEWOMAN Program. The program is designed to help me reduce my risk for heart disease, stroke, and other chronic diseases such as diabetes. The NC WISEWOMAN Program provides free screening tests. It also provides a NC WISEWOMAN Program navigator or health coach who will contact me to talk about easy ways to eat smart, be fit, and live well.

I agree to have my height, weight, blood pressure, cholesterol, and glucose measured or tested. I understand that a blood sample or finger stick is needed to check cholesterol and glucose. I understand that my screening provider will ask some questions about personal and family medical history and some questions about health behavior. I do not have to answer any questions I am not comfortable answering.

The screening tests and possible side effects have been explained to me. These risks include some discomfort and very minor risk associated with a routine blood draw from a vein in my arm. Based upon my results, my screening provider will refer me to an appropriate lifestyle behavior or health coaching support service.

If my blood pressure, blood cholesterol, or glucose is too high, my screening provider will refer me to a clinician for medical follow-up. There is no cost for the first medical evaluation if it is required. However, if the clinician recommends further testing, services or medication, it will be my responsibility to cover these costs.

I understand that I am committing to **three** (3) health coaching sessions and a face-to-face follow-up visit with my NC WISEWOMAN Program navigator after the completion of my 3rd health coaching session.

I understand that I will be asked to take part in the NC WISEWOMAN Program again when I return in 11-18 months for my breast and cervical annual exam. The same screening tests and paperwork will be completed at that appointment. It is very important that I return for this appointment because I will learn if there are any changes in my risk for heart disease or stroke and it will help my screening provider learn if this program was useful.

I understand that physical activity is a part of the NC WISEWOMAN Program.

Please answer Yes or No to the following questions:

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the past month, have you had chest pain lasting more than one minute when you were not doing physical activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you lose your balance because of dizziness, or do you ever lose consciousness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is your doctor currently prescribing drugs for your blood pressure or heart condition (for example, water pills)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Do you have a bone or joint problem that could be made worse by a change in your physical activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you know of any other reason why you should not do physical activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer to any one of the questions 1 through 7 above is Yes, I will get permission from my doctor or clinician to take part in the physical activity portion of the program.

I understand that I do not have to participate in this program. I have the right to drop out of the program at any time. However, my readiness to participate will be assessed prior to enrollment.

I agree and understand that I will be contacted by NC WISEWOMAN Program staff to discuss my progress during health coaching sessions.

Information collected about me is protected under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. I also agree that if I take part in group activities, I will not reveal health or personal information that I might learn about other participants. If am referred to a lifestyle service, I am consenting to share my information with the NC WISEWOMAN Program from that service.

If I have any questions about the program, I may call the NC WISEWOMAN Program Coordinator at my local health agency. I may also call the North Carolina Department of Health and Human Services, Division of Public Health at 919-707-5300 and ask to speak to a NC WISEWOMAN Program Nurse Consultant. My local NC WISEWOMAN Program Coordinator is:

_____ Name of local coordinator

_____ Telephone number

I have read and understand the information presented here. I freely give my consent to take part in the NC WISEWOMAN Program.

_____ Sign Your Name (or Legal Representative)

_____ Date

_____ Local Service Provider Representative

_____ Date