



WISEWOMAN Consent to Participate Form

Name _____

DOB ____/____/____
mm dd yyyy

Address _____
Street/Apt. City State Zip Code

The SC Department of Health and Environmental Control (DHEC) offers you the opportunity you to take part in the WISEWOMAN program, which is funded by a grant from CDC. This program provides **Best Chance Network (BCN) women ages 47-64** the choice of receiving heart and stroke screening to reduce the risk for heart disease, stroke and other chronic diseases and provide life style education.

Client Agreement:

- I agree to provide some personal and family medical history and health behaviors.
- I agree to have my height, weight, waist measurement (optional), blood pressure, cholesterol and glucose measured.
- I agree to return for an office visit if additional follow-up tests are needed.
- I understand that my screening provider is required to refer me for medical follow up if my screening exams and/or screening tests are not normal.
- I agree to keep scheduled appointments and call ahead of time to reschedule if needed.
- I understand that I will be referred for lifestyle education after my screening is completed to help me make healthier food choices, be fit and live well.
- I understand that physical activity approval may be needed from a health care provider before I begin a physical activity program.
- I agree to return in 10-18 months to be screened again for BCN and WW to learn if there are any changes in my risk for cancer, heart disease or stroke and if this program is making a difference for me.
- I understand that my protected health care information will only be shared with appropriate staff in DHEC and other agencies as required by the CDC (the federal funding source), DHEC and state law.
- I also understand that heart and stroke screening services are optional and I may drop out at any time.
- I have been informed of which tests/exams the /WISEWOMAN program provides free of charge.
- I have read or had the above read to me and understand the information above.
- I am between the ages of 47 and 64 and agree to participate in both the WISEWOMAN screening tests and lifestyle education sessions.

If you agree with the above, please sign and date:

Client Signature: _____

Date ____/____/____

Witness of Signature: _____

Date ____/____/____

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Instructions for Completion

Purpose: Women who are enrolled in the Best Chance Network (BCN) Program and are scheduled for an initial or annual screening are offered the opportunity to receive cardiovascular screening through WISEWOMAN (WW) in addition to breast and cervical screening. The CDC requires that each woman read and sign consent to participate before the additional services can be provided each year.

Item-by-Item Instructions:

Name: Enter patient's first name, middle initial and last name

DOB: Enter patient's date of birth – month, day and year

Address: Enter street/apartment, city, state and zip code

Request that the BCN client read the document completely – assist the client as needed.

Client Signature and Date: Request client sign with her legal signature and enter month, day and year of signature if she agrees with the list of statements read.

Witness of Signature and Date: Witness of signature must also sign and date form.

Office Mechanics and Filing: The form is to be maintained in the patient's clinical record in BCN/WW provider's office and retained per DHEC contract requirements.