



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**WISEWOMAN Health Coaching Reporting Form**

Participant Name: \_\_\_\_\_

SSN/DCN: \_\_\_\_\_

**A. OTHER FOLLOW-UP**

Date Risk Counseling Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Priority Area(s):

- None       Healthy Eating       Physical Activity       Smoking Cessation       Blood Pressure Management  
 Noom       SMBP       HBSS Referral       Mental Health       Nutritionist/Dietician  
 **Physical Activity Clearance Denied.** Client not cleared for activity until further evaluation.

Date Referred to LSP: \_\_\_\_/\_\_\_\_/\_\_\_\_

- LSP Referred To:
- Eating Smart-Being Active       Self-Monitoring Blood Pressure Program  
 Health Coaching       Noom  
 Tobacco Quitline  
 Diabetes Prevention Program

Cycle of Health Coaching: \_\_\_\_ of 4

Comments:

**B. RECORD OF PARTICIPATION**

Clients should be encouraged to participate in at least three (3) Health Coaching sessions.

Areas/boxes that are not shaded indicate allowable billing times for each type of health coaching.

Description/Type	Date	Length of session (minutes)				Face-to-Face	Telephone	Topic (Mark all that apply)
		15	30	45	60			
Health Coaching, Individual (Session 1)								<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medication Education
Health Coaching, Individual (Session 2)								<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medication Education
Health Coaching, Individual (Session 3)								<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medication Education
Health Coaching Individual, Face-to-Face (Session 4)- Complete Hot Pink Form								<input type="checkbox"/> Hot Pink Assessment Form Completed
Health Coaching, Group, Face-to-face								<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medication Education

**C. Check in on LSP/HBSS and Comments**

If enrolled in Noom, which Noom course is currently being completed: \_\_\_\_ of 10

Was a Barrier Reduction Tool given to participant? If yes, please specify: \_\_\_\_\_

If participant is participating in HBSS/LSP, please give a brief update: \_\_\_\_\_

Other: \_\_\_\_\_