



WISEWOMAN Health Coaching Reporting Form

Participant Name _____

SSN/DCN _____

A. Record of Participation

Clients should agree to three (3) Health Coaching sessions.

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

Lifestyle Education Record

Description/Type	Date	Length of session (minutes)				Face-to-face	Telephone
		15	30	45	60		
Health Coaching, Individual (Session 1)							
Health Coaching, Individual (Session 2)							
Health Coaching, Individual (Session 3)							
Follow-up LSP, Individual							
Tobacco Cessation							
Health Coaching, Group, Face-to-face							

B. Comments