WISEWOMAN HEALTH COACHING REPORTING FORM (PEACH)

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

Participant Name: _____ SSN/DCN: _____

A. 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)								☐ Healthy Eating ☐ Physical Activity ☐ Blood Pressure Management ☐ Smoking Cessation ☐ Medication Education
Health Coaching, Individual (Session 2)								☐ Healthy Eating ☐ Physical Activity ☐ Blood Pressure Management ☐ Smoking Cessation ☐ Medication Education
Health Coaching, Individual (Session 3)								☐ Healthy Eating ☐ Physical Activity ☐ Blood Pressure Management ☐ Smoking Cessation ☐ Medication Education
Health Coaching Individual, Face-to-Face (Session 4)								☐ Bright Pink Assessment Form Completed
Health Coaching, Group, Face-to-face								☐ Healthy Eating ☐ Physical Activity ☐ Blood Pressure Management ☐ Smoking Cessation ☐ Medication Education

B. COMMENTS

_____

_____

_____

_____

_____

MO 580-3059 (12-19)