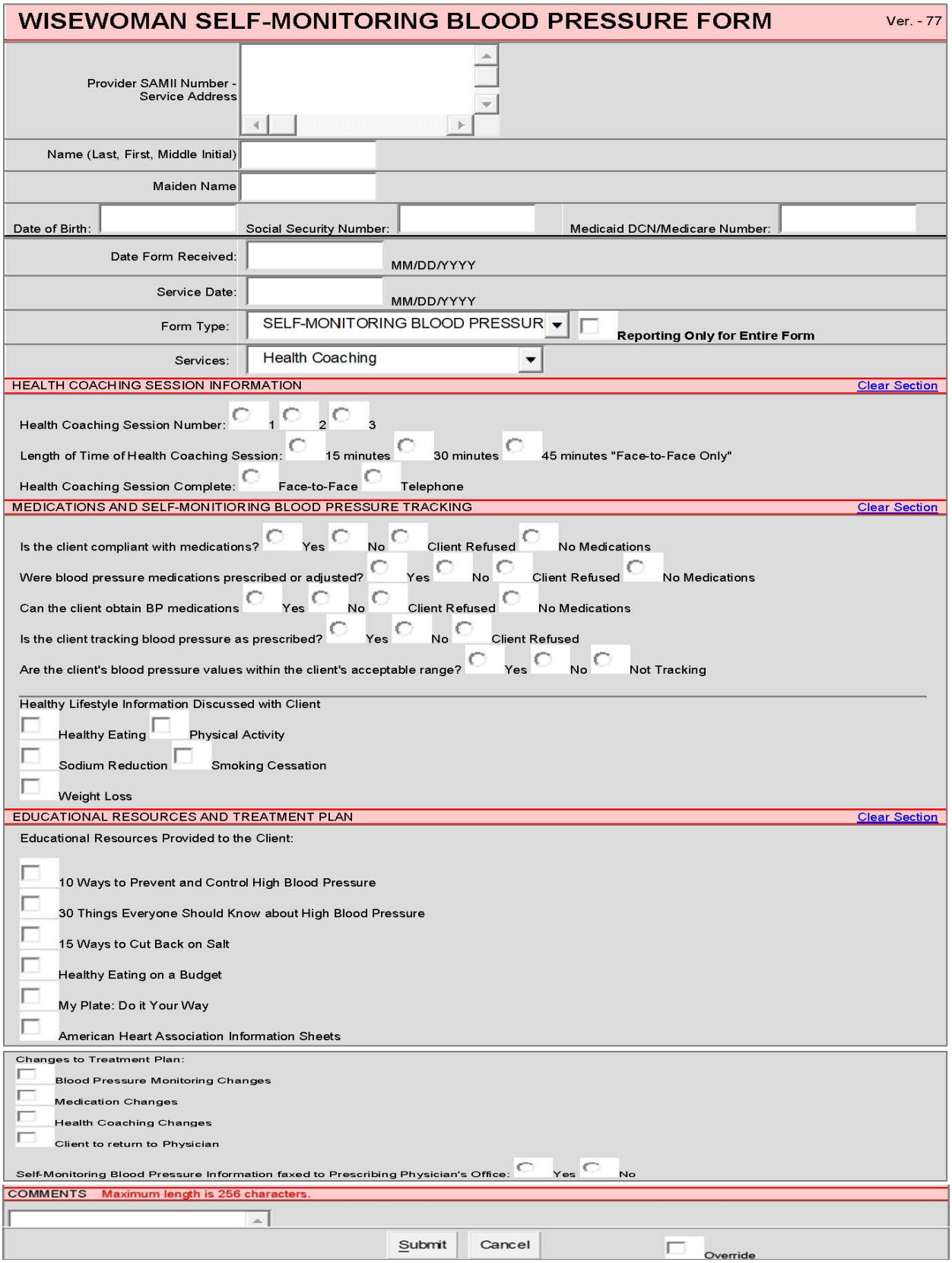
WISEWOMAN SMBP HEALTH COACHING CLAIM FORM



WISEWOMAN SELF-MONITORING BLOOD PRESSURE FORM Ver. - 77

Provider SAMII Number - Service Address

Name (Last, First, Middle Initial)

Maiden Name

Date of Birth: Social Security Number: Medicaid DCN/Medicare Number:

Date Form Received: MM/DD/YYYY

Service Date: MM/DD/YYYY

Form Type: SELF-MONITORING BLOOD PRESSUR Reporting Only for Entire Form

Services: Health Coaching

HEALTH COACHING SESSION INFORMATION Clear Section

Health Coaching Session Number: 1 2 3

Length of Time of Health Coaching Session: 15 minutes 30 minutes 45 minutes "Face-to-Face Only"

Health Coaching Session Complete: Face-to-Face Telephone

MEDICATIONS AND SELF-MONITIORING BLOOD PRESSURE TRACKING Clear Section

Is the client compliant with medications? Yes No Client Refused No Medications

Were blood pressure medications prescribed or adjusted? Yes No Client Refused No Medications

Can the client obtain BP medications Yes No Client Refused No Medications

Is the client tracking blood pressure as prescribed? Yes No Client Refused

Are the client's blood pressure values within the client's acceptable range? Yes No Not Tracking

Healthy Lifestyle Information Discussed with Client

Healthy Eating Physical Activity

Sodium Reduction Smoking Cessation

Weight Loss

EDUCATIONAL RESOURCES AND TREATMENT PLAN Clear Section

Educational Resources Provided to the Client:

10 Ways to Prevent and Control High Blood Pressure

30 Things Everyone Should Know about High Blood Pressure

15 Ways to Cut Back on Salt

Healthy Eating on a Budget

My Plate: Do it Your Way

American Heart Association Information Sheets

Changes to Treatment Plan:

Blood Pressure Monitoring Changes

Medication Changes

Health Coaching Changes

Client to return to Physician

Self-Monitoring Blood Pressure Information faxed to Prescribing Physician's Office: Yes No

COMMENTS Maximum length is 256 characters.

Submit Cancel Override