|  |  |
| --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-01225 (09/2019) | **STATE OF WISCONSIN**Bureau of Community Health PromotionChronic Disease Prevention and Cancer Control Section |
| wisewoman healthly behavior encounter  |
| **SECTION 1: CLIENT AND PROVIDER INFORMATION** (Print all information clearly) |

| Provider Agency Name | Performing Provider Name |
| --- | --- |
|       |       |
| Client ID Number | Date of Contact | Date of the IOV |
|       |       |       |
| Client Name (Last, First MI) | Date of Birth |
|       |       |
| Preferred Contact Option(s) (check all that apply) |
| [ ]  Phone: | Main Phone Number | Alternate Phone Number |
|  |       |       |
| [ ]  Text: | Cell Phone Number | [ ]  Email: | Email Address |
|  |       |  |       |
| Best Time to Contact |
|       |
| SECTION 2: CLIENT ACTION PLAN |
| Client’s SMART Goal |
|       |
| Number of Coaching Sessions Completed |
|       |
| Which community resources was the client able to use?[ ]  Healthy Eating [ ]  PA [ ]  Quit Smoking Class [ ]  Quit Line [ ]  Fax to Quit [ ]  Free BP Check[ ]  Other, specify:       |
| Complete if client had SMBP or Hypertension Management Health Coaching1. Is the client taking her BP meds correctly [ ]  Yes [ ]  No
2. Is client lowering her sodium intake [ ]  Yes [ ]  No
3. Is client doing SMBP [ ]  Yes [ ]  No
 |
| SMBP Readings: |
| Date:       My Blood Pressure:      /      | Date:       My Blood Pressure:      /      |
| Date:       My Blood Pressure:      /      | Date:       My Blood Pressure:      /      |
| Date:       My Blood Pressure:      /      | Date:       My Blood Pressure:      /      |
| Date:       My Blood Pressure:      /      | Date:       My Blood Pressure:      /      |
| Date:       My Blood Pressure:      /      | Date:       My Blood Pressure:      /      |
| Notes:  |
|       |
| SECTION 3: HEALTHLY BEHAVIOR ENCOUNTERS  |
| **IOV Encounter 1 (a) Date:** |       | **Encounter 2 (a) Date:** |       |
| Did client select HSBI?[ ]  Yes [ ]  HC [ ]  LSP Name [ ]  No Call Back in 30 Days | Notes about session (progress, barriers, successes educational tools provided) and Next Session Date / Time |
| Notes about session (progress, barriers, successes educational tools provided) and Next Session Date / Time |       |
|       |  |
| **Encounter 3 (a) Date:** |       | **Encounter 4 (a) Date:** |       |
| Notes about session (progress, barriers, successes educational tools provided) and Next Session Date / Time | Notes about session (progress, barriers, successes educational tools provided) and Next Session Date / Time |
|       |       |
| **Encounter 5 (a) Date:** |       | **Encounter 6 (a) Date:** |       |
| Notes about session (progress, barriers, successes educational tools provided) and Next Session Date / Time | Notes about session (progress, barriers, successes educational tools provided) and Next Session Date / Time |
|       |       |
| SECTION 4: ATTEMPTS TO CONTACT CLIENT |
| Date and Time of Attempt 1 | [ ]  No Answer [ ]  Left Message[ ]  Unable to Talk [ ]  Number Disconnected[ ]  Wrong Number |
|             [ ]  am [ ]  pm |  |
| Date and Time of Attempt 2 | [ ]  No Answer [ ]  Left Message[ ]  Unable to Talk [ ]  Number Disconnected[ ]  Wrong Number |
|             [ ]  am [ ]  pm |  |
| Date and Time of Attempt 3 [ ]  Client lost to FU | [ ]  No Answer [ ]  Left Message[ ]  Unable to Talk [ ]  Number Disconnected[ ]  Wrong Number |
|             [ ]  am [ ]  pm |  |