

# WEST VIRGINIA WISEWOMAN

## Healthy Behavior Support Services Form

<b>This form is to be filled out by the provider or health coach, NOT the participant</b>					
<b>Provider Name</b>		<b>Date</b>		<b>SSN#</b>	
<b>Last Name</b>		<b>First Name</b>		<b>M.I.</b>	<b>Date of Birth</b> / /
<b>Participant Goal:</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Drink more water  <input type="checkbox"/> Get blood pressure under control         </div> <div> <input type="checkbox"/> Lose weight  <input type="checkbox"/> Exercise more  <input type="checkbox"/> Decrease my A1C         </div> <div> <input type="checkbox"/> Eat more fruits and vegetables  <input type="checkbox"/> Lower my cholesterol  <input type="checkbox"/> Quit smoking         </div> </div>					
<b>Barriers to Achieving Goal:</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Transportation  <input type="checkbox"/> Financial issues  <input type="checkbox"/> Family/Social Support Issues  <input type="checkbox"/> Issues with Work         </div> <div> <input type="checkbox"/> Lack of Motivation/Commitment  <input type="checkbox"/> Education/Health Literacy  <input type="checkbox"/> Unrealistic Goal Setting  <input type="checkbox"/> Other _____         </div> </div>				<b>Successes to Achieving Goal:</b>	
<b>Participant Stage of Change:</b> <input type="checkbox"/> Pre-contemplation <input type="checkbox"/> Contemplation <input type="checkbox"/> Preparation <input type="checkbox"/> Action <input type="checkbox"/> Maintenance					
<b>Was participant referred to any of the following Evidence Programs?</b> <input type="checkbox"/> Health Coaching <input type="checkbox"/> TOPS <input type="checkbox"/> HSMM <input type="checkbox"/> SCALE <input type="checkbox"/> Eating Smart-Being Active (EFNEP) <input type="checkbox"/> National Diabetes Program (NDPP)					
<b>Was WV Health Connection used for evidence program referral ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>HYPERTENSION SELF-MANAGEMENT MODULE (HSMM)</b>					
<b>Date:</b> /    /		<b>Session Length (mins):</b>		<b>Is participant?</b>	
<input type="checkbox"/> Referral/Enrollment <input type="checkbox"/> Session One (2-4 weeks, required) <input type="checkbox"/> Session Two (30 Days, required) <input type="checkbox"/> Additional Session		1 <sup>st</sup> Blood Pressure    /		<input type="checkbox"/> Measuring Blood Pressure <input type="checkbox"/> Using Check. Change. Control. <input type="checkbox"/> Using BP Log	
		2 <sup>nd</sup> Blood Pressure    /		<b>Was blood pressure discussed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Average Blood Pressure    /			
<input type="checkbox"/> Completed (After 30 Day Session)		<input type="checkbox"/> Withdrew Reason: _____		<b>Pharmacy HSMM Visit?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>TOBACCO CESSATION</b>					
<b>Referral Date</b>	<b>Type (check one)</b>		<b>Completion</b>		
/ /	<input type="checkbox"/> Quitline <input type="checkbox"/> Community-Based Tobacco Program <input type="checkbox"/> CTTS _____		<input type="checkbox"/> Yes – Completed <input type="checkbox"/> No – Partially Completed <input type="checkbox"/> No – Withdrew <input type="checkbox"/> No – Participant Could Not Be Reached		
<b>Completion Date</b>					
/ /					
<b>COMMUNITY RESOURCES</b>					
<b>Participant Referred To:</b> <input type="checkbox"/> Diabetes Management: _____ <input type="checkbox"/> Nutrition: _____ <input type="checkbox"/> Physical Activity: _____ <input type="checkbox"/> Weight Management: _____ <input type="checkbox"/> Other: _____				<b>Notes:</b>	
<b>Was WV Health Connection used for community resource referral?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
				<b>Did participant utilize referred community resource?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Clinician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_