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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-01225 (09/2019) | **STATE OF WISCONSIN**  Bureau of Community Health Promotion  Chronic 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 Coaching   1. 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 | | | | | |  | | | | |