WEST VIRGINIA WISEWOMAN
Healthy Behavior Support Services Form

This form is to be filled out by the provider or health coach, NOT the participant

Provider Name	Date	SSN#

Last Name	First Name	M.I.	Date of Birth
			/ /

Participant Goal:

- ❑ Drink more water
- ❑ Get blood pressure under control
- ❑ Lose weight
- ❑ Exercise more
- ❑ Decrease my A1C
- ❑ Eat more fruits and vegetables
- ❑ Lower my cholesterol
- ❑ Quit smoking

Barriers to Achieving Goal:

- ❑ Transportation
- ❑ Financial issues
- ❑ Family/Social Support Issues
- ❑ Issues with Work
- ❑ Lack of Motivation/Commitment
- ❑ Education/Health Literacy
- ❑ Unrealistic Goal Setting
- ❑ Other_____

Successes to Achieving Goal:

Participant Stage of Change:

❑ Pre-contemplation ❑ Contemplation ❑ Preparation ❑ Action ❑ Maintenance

Was participant referred to any of the following Evidence Programs?

❑ Health Coaching ❑ TOPS ❑ HSMM ❑ SCALE ❑ Eating Smart-Being Active (EFNEP) ❑ National Diabetes Program (NDPP)

Was WV Health Connection used for evidence program referral ? ❑ Yes ❑ No

HYPERTENSION SELF-MANGEMENT MODULE (HSMM)

Date: / /

- ❑ **Referral/Enrollment**
- ❑ **Session One (2-4 weeks, required)**
- ❑ **Session Two (30 days, required)**
- ❑ **Additional Session**

Session Length (mins):

1st Blood Pressure	/
2nd Blood Pressure	/
Average Blood Pressure	/

Is participant?

- ❑ Measuring Blood Pressure
- ❑ Using Check. Change. Control.
- ❑ Using BP Log

Was blood pressure discussed?

- ❑ Yes
- ❑ No

❑ **Completed (After 30 day session)**

❑ **Withdrew**
Reason: _____

Pharmacy HSMM Visit? ❑ Yes ❑ No

TOBACCO CESSATION

Referral Date	Type (check one)	Completion
/ /	❑ Quitline ❑ Community-Based Tobacco Program ❑ CTTS_____ ❑ Refused Referral	❑ Yes – Completed ❑ No – Partially Completed ❑ No – Withdrew ❑ No – Participant Could Not Be Reached
Completion Date		
/ /		

COMMUNITY RESOURCES

Participant Referred To:

- ❑ Diabetes Management: _____
- ❑ Nutrition: _____
- ❑ Physical Activity: _____
- ❑ Weight Management: _____
- ❑ Other: _____

Notes:

Was WV Health Connection used for community resource referral? ❑ Yes ❑ No

Did participant utilize referred community resource? ❑ Yes ❑ No

Clinician Signature:_____ **Date:** _____