

**Client Identification**

Program # \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

*Please PRINT*

*Please PRINT*



ID # \_\_\_\_\_ Screening Visit Date generating contact: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)  
 (Enter Visit Date from Screening form)

**Health Coaching (HC)**

16. Health Coaching (HC) referral date \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Health Coaching #1: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)  
 Length of contact (minutes) \_\_\_\_\_ Type:  1. Face to Face  2. Phone  
 Follow up scheduled: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) Time:  1. Morning  2. Afternoon  3. Evening

Health Coaching #2: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)  
 Length of contact (minutes) \_\_\_\_\_ Type:  1. Face to Face  2. Phone  
 Follow up scheduled: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) Time:  1. Morning  2. Afternoon  3. Evening

Health Coaching #3: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)  
 Length of contact (minutes) \_\_\_\_\_ Type:  1. Face to Face  2. Phone

17. Is client eligible for additional HBSS (BPSM YMCA, DPP, MTM, SMBP WW, WWE)  1. Yes  2. No

18. Withdrawal/Discontinue of Health Coaching (HC)  1. Yes  2. No Withdrawal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

**Weight Watchers**

19. Weight Watchers identification code provided?  1. Yes  2. No

Date of WW Session	Session Type	Length of Contact (minutes)	Weight (lbs)
1	<input type="radio"/> 1. In-person <input type="radio"/> 2. Online		
2	<input type="radio"/> 1. In-person <input type="radio"/> 2. Online		
3	<input type="radio"/> 1. In-person <input type="radio"/> 2. Online		
4	<input type="radio"/> 1. In-person <input type="radio"/> 2. Online		
5	<input type="radio"/> 1. In-person <input type="radio"/> 2. Online		
6	<input type="radio"/> 1. In-person <input type="radio"/> 2. Online		
7	<input type="radio"/> 1. In-person <input type="radio"/> 2. Online		
8	<input type="radio"/> 1. In-person <input type="radio"/> 2. Online		
9	<input type="radio"/> 1. In-person <input type="radio"/> 2. Online		
10	<input type="radio"/> 1. In-person <input type="radio"/> 2. Online		
11	<input type="radio"/> 1. In-person <input type="radio"/> 2. Online		
12	<input type="radio"/> 1. In-person <input type="radio"/> 2. Online		

20. Completion of Weight Watchers  
 1. Yes — Weight Watchers is complete  
 2. No — Withdrawal/Discontinue

Weight Watchers Withdrawal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)