

Client Identification

Program # _____ Last Name _____ Please PRINT First Name _____ Please PRINT MI _____

ID # _____ Evaluation Date generating contact: _____ / _____ / _____ (mm / dd / yyyy)
 (Enter Visit Date from Evaluation form)



Health Coaching (HC)

15. 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

16. Is client eligible for additional HBSS (WWE) 1. Yes 2. No

17. Withdrawal/Discontinue of Health Coaching (HC) 1. Yes 2. No Withdrawal Date: _____ / _____ / _____ (mm / dd / yyyy)

Healthy Behavior Support Services (HBSS)

18. Walk With Ease (WWE)
- a. Referred 1. Yes 2. No 3. Referral Date _____ / _____ / _____ (mm / dd / yyyy)
 - b. Participated 1. Yes 2. No 3. First Date of Participation _____ / _____ / _____ (mm / dd / yyyy)
 - c. Completed 1. Yes 2. No 3. Completion Date _____ / _____ / _____ (mm / dd / yyyy)