

NC WISEWOMAN Healthy Behavior Support Services (DHHS 4050A)				Agency:		
1. Patient Identification	CNDS ID:		Local Patient ID:		Med-IT ID:	
Patient Name: <i>Last</i> _____ <i>First</i> _____ <i>M.I.</i> _____						
2. Referral Information						
Community-Based Resource Referral Made? <input type="checkbox"/> Yes <input type="checkbox"/> No			Community-Based Resource Type (check all that apply): <input type="checkbox"/> Physical Activity <input type="checkbox"/> Nutrition <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Housing and Social Support Services			
Diabetes Prevention Program Referral Made? <input type="checkbox"/> Yes <input type="checkbox"/> No						
What area would the participant like to focus on changing (check all that apply)? <input type="checkbox"/> Nutrition <input type="checkbox"/> Physical Activity <input type="checkbox"/> Stress Management <input type="checkbox"/> Smoking <input type="checkbox"/> Blood Pressure <input type="checkbox"/> Diabetes <input type="checkbox"/> Other						
What barriers (if any) were experienced in the completion of the HBSS (check all that apply)? <input type="checkbox"/> Transportation <input type="checkbox"/> Financial Issues <input type="checkbox"/> Family and Social Support <input type="checkbox"/> Housing Issues <input type="checkbox"/> Employment Issues <input type="checkbox"/> Lack of Motivation/Commitment <input type="checkbox"/> Education/Health Literacy <input type="checkbox"/> Unrealistic Goal Setting <input type="checkbox"/> Lack of Time <input type="checkbox"/> Other						
3. Healthy Behavior Support Services						
HBSS Session Date	HBSS ID Diabetes Prevention Program (DPP) Enhanced Health Coaching(EHC)	Length of Session in minutes	Contact Type	HBSS Completion Status	HBSS Setting	
____/____/____	<input type="checkbox"/> Health Coaching <input type="checkbox"/> NC HeartWise <input type="checkbox"/> EHC: DPP Online <input type="checkbox"/> EHC: DPP In-Person <input type="checkbox"/> EHC: Community Resource Referral <input type="checkbox"/> Med-South Lifestyle Program <input type="checkbox"/> Walk with Ease Program		<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Phone <input type="checkbox"/> Online	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Withdrawal/Discontinued	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Combination	
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NC WISEWOMAN Healthy Behavior Support Services (DHHS 4050B)				Agency:			
1. Patient Identification	CNDS ID:		Local Patient ID:		Med-IT ID:		
Patient Name: <i>Last</i> <i>First</i> <i>M.I.</i>							
4. NC HeartWise Data							
Program Day	Date	Systolic	Diastolic	Program Day	Date	Systolic	Diastolic
Day One	/ /			Day Eight	/ /		
Day Two	/ /			Day Nine	/ /		
Day Three	/ /			Day Ten	/ /		
Day Four	/ /			Day Eleven	/ /		
Day Five	/ /			Day Twelve	/ /		
Day Six	/ /			Day Thirteen	/ /		
Day Seven	/ /			Day Fourteen	/ /		
Week One	/ /			Week Four	/ /		
Week Two	/ /			Week Five	/ /		
Week Three	/ /			Week Six	/ /		
Goal Setting: S.M.A.R.T							
Participant SMART Goal: _____							

Resources Needed: _____							
