Check Change Control (CCC) Health Coaching Data Entry Guide

**Enter 1st Health Coaching**
Initial Assessment:
  - COMPLETE ALL
Client Information:
  - Address/Phone. Minimum Zip Code
Health Assessment Questions:
  - Completed by: Choose HUB from drop down
  - HBSS ID: Check Change Control
  - Session Time: Choose from drop down
  - Session Type: Choose from drop down
  - Session Setting: Choose from drop down
  - Session Completion: No In Progress-HBSS

Preventive Screening Tests
  - 2 Blood Pressures
  - Cholesterol
  - Height
  - Weight
  - Waist Circumference

Medical Questions
  - All 9 questions need to be answered on 1st health coaching

Recommendations Referrals
  - Community Resources
    - Choose: HUBs *Health Coaching resource
    - Ex: *Health Coaching SHDHD
    - Status: In Progress 1st Health Coaching

*** If your resource does not show up go back to initial assessment and make sure you have put in one of your HUB’s Counties in PREFERRED COUNTY***

**Enter 2nd Health Coaching**
***Highlight clients 1st HC and then hit ‘Add Encounter for Selected Client’ upper right hand corner to enter clients 2nd Health Coaching so client has the same Client ID***

Initial Assessment:
  - Change date to date of health coaching
  - Add Preferred County (one of HUBs Counties)
Health Assessment Questions:
  - Completed by: Choose HUB from drop down
  - HBSS ID: Check Change Control
  - Session Time: Choose from drop down
  - Session Type: Choose from drop down
  - Session Setting: Choose from drop down
  - Session Completion: No In Progress-HBSS

Recommendations Referrals
  - Community Resources
    - Choose: HUBs *Health Coaching resource
    - Ex: *Health Coaching SHDHD
    - Status: In Progress 2nd Health Coaching

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Enter 3rd Health Coaching

***Highlight one of clients HCs and then hit ‘Add Encounter for Selected Client’ upper right hand corner to enter clients 3rd Health Coaching so client has the same Client ID***

Initial Assessment:
- Change date to date of health coaching
- Add Preferred County (one of HUBs Counties)

Client Information:
- Address/Phone. Minimum Zip Code

Health Assessment Questions:
- Completed by: Choose your HUB from drop down
- HBSS ID: Check Change Control
- Session Time: Choose from drop down
- Session Type: Choose from drop down
- Session Setting: Choose from drop down
- Session Completion: Yes Completed-HBSS

Preventive Screening Tests
- 2 Blood Pressures
- Cholesterol
- Height
- Weight
- Waist Circumference

Medical Questions
- All 9 questions need to be answered on 3rd and final health coaching

Recommendations
- Referrals

Community Resources
- Choose: HUBs *Health Coaching resource
  Ex: *Health Coaching SHDHD

Status: Completed Health Coaching

*** If your resource does not show up go back to initial assessment and make sure you have put in one of your HUB’s Counties in PREFERRED COUNTY***