**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: Living Well
- 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: Living Well
- 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

Revised 11-1-2019
Enter Living Well 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: Living Well
- 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***