

# Health Coaching Data Entry Guide

## Enter 1<sup>st</sup> 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: Health Coaching

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

**New Initial  
Total Cholesterol  
Required**



Medical Questions

All 9 questions need to be answered on 1<sup>st</sup> health coaching

Recommendations Referrals

Community Resources

Choose: HUBs \*Health Coaching resource

Ex: \*Health Coaching SHDHD

Status: In Progress 1<sup>st</sup> 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 2<sup>nd</sup> Health Coaching

\*\*\*Highlight clients 1<sup>st</sup> HC and then hit 'Add Encounter for Selected Client' upper right hand corner to enter clients 2<sup>nd</sup> 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: Health Coaching

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 2<sup>nd</sup> Health Coaching

## **Enter Living Well 3<sup>rd</sup> Health Coaching**

\*\*\*Highlight one of clients HCs and then hit 'Add Encounter for Selected Client' upper right hand corner to enter clients 3<sup>rd</sup> 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: Health Coaching
- 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

**New Total Cholesterol  
Required ONLY If Initial  
Total Cholesterol is  
240 or Over**

### Medical Questions

All 9 questions need to be answered on 3<sup>rd</sup> 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\*\*\*