

Living Well (LW) 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: 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

**New Initial
Total Cholesterol
Required**



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

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

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

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***