



Participant Name: _____ SSN/DCN: _____

A. RECORD OF PARTICIPATION

Clients should be encouraged to participate in at least three (3) Health Coaching sessions.
 Areas/boxes that are not shaded indicate allowable billing times for each type of health coaching.

Description/Type	Date	Length of session (minutes)				Face-to-Face	Telephone	Topic (Mark all that apply)
		15	30	45	60			
Health Coaching, Individual (Session 1)								<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medication Education
Health Coaching, Individual (Session 2)								<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medication Education
Health Coaching, Individual (Session 3)								<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medication Education
Health Coaching Individual, Face-to-Face (Session 4)								<input type="checkbox"/> Bright Pink Assessment Form Completed
Health Coaching, Group, Face-to-face								<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medication Education

B. COMMENTS
