

AL WISEWOMAN Clinical HBSS Contact Form

HBSS Health Coach Summary					
Patient: _____ DOB: _____ Tracking Number: _____					
HC Completion Dates					
First Three HC Sessions	First: Type:	Second: Type:	Third: Type:		
Additional HC Sessions	Session(s):				
	Type(s):				
Lost to Follow-Up	Yes, Date: _____				
SMBP Completion Dates (If Applicable)					
BP Monitor Issued:		Date:			
First Five Days Contact:		First:			
Four Weekly Contacts (6-30 Days)	First:	Second:	Third:	Fourth:	
Two Monthly Contacts (2-4 Months)	First:		Second:		
Two Quarterly Contacts (5-11 Months)	First:		Second:		
Patient Initiated	Date(s):				
If Applicable, Please Answer SMBP Enrollment Questions					
Was patient able to demonstrate use?	Yes	No			
Did the cuff size fit the patient?	Yes	No			
Did the patient sign SMBP agreement form?	Yes	No			
Session Date	HBSS Type	Description			
Session: _____ SMBP or HC					
Session: _____ SMBP or HC					
Session: _____ SMBP or HC					
Session: _____ SMBP or HC					

If applicable, please include in the description a brief summary of any of the following completed during the visit:

1. Blood pressure measurement
2. Weight measurement
3. Blood Pressure Follow-Up After Medication Use
4. Community Resource Referrals Made
5. Program Tools Provided