

NC WISEWOMAN Lifestyle Program/Health Coaching (DHHS 4050A)	Agency:
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1. Patient Identification	HIS ID (CNDS):
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Patient Name: Last	<i>First</i>	<i>M.I.</i>
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19. Referral Information	LSP/HC Referral Date ___/___/___	<input type="checkbox"/> Health Coaching <input type="checkbox"/> HeartWise <input type="checkbox"/> MDPP <input type="checkbox"/> Enhanced Fitness
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Community-Based Resource Referral Date ___/___/___	Community-Based Resource Type: <input type="checkbox"/> Nutrition <input type="checkbox"/> Physical Activity <input type="checkbox"/> Stress Management
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20. Lifestyle Program (LSP) / Health Coaching (HC)

LSP/HC Session Date	LSP/HC ID Diabetes Prevention Program (DPP) Eat Smart Move More Weight Less (WL)	Length of Session in minutes	Contact Type	Program Completion Status	LSP/HC Setting
___/___/___	<input type="checkbox"/> Health Coaching <input type="checkbox"/> Enhanced Fitness <input type="checkbox"/> HeartWise <input type="checkbox"/> MDPP		<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Phone <input type="checkbox"/> Online	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Withdrawal/Discontinued	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Combination
___/___/___	<input type="checkbox"/> Health Coaching <input type="checkbox"/> Enhanced Fitness <input type="checkbox"/> HeartWise <input type="checkbox"/> MDPP		<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Phone <input type="checkbox"/> Online	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Withdrawal/Discontinued	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Combination
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