

# MDHHS-6107, WISEWOMAN CONTACT

Michigan Department of Health and Human Services (MDHHS)  
(New 1-24)

\*All fields with asterisk are required.

\*HBSS/HC Session Date

## SECTION 1

Last Name

First Name

Birth Date

Email

Telephone

Michigan Breast and Cervical Information System (MBCIS) ID

## SECTION 2 – \*HEALTHY BEHAVIOR SUPPORT SERVICE (HBSS) PROGRAM

Select Program Type

Health Coaching (Required; minimum = 3)

Select other HBSS Programs the participant has been referred to if applicable and provide more details in the notes section.

Digital Weight Watchers – 12 digital logins recommended.

Taking off Pounds Sensibly (TOPS) – 12 sessions recommended.

Michigan Tobacco Quit Link or another Tobacco Cessation Program

Referral Date:                      Completion Date:

Diabetes Prevention Program (DPP) – 9 sessions recommended.

Cooking Matters – 4 sessions recommended.

Walk with Ease – 18 sessions, six- or nine-week walking program.

Healthy Heart Ambassador Self-Monitoring Blood Pressure Program or other SMBP

\*Health Coaching Contact Number

\*Contact Type

Face-to-Face

Email

Video Chat

Telephone

Text/SMS

Other

Length of Session  
(minutes)

MI 211 Referral(s) Made

Yes    No

Blood Pressure (BP) Tracking

BP

Date

Self-report    From Provider

/

Notes

Health Coach (print name)

Date