

WEST VIRGINIA WISEWOMAN Health Coaching

Provider Name: _____		Date: _____		SSN#: _____	
Last Name: _____		First Name: _____	M.I.: _____	Date of Birth: _____	
<input type="checkbox"/> Session One (Screening)	<input type="checkbox"/> Session Three (Completed)	Session Type:		Session Length (Mins):	
<input type="checkbox"/> Session Two	<input type="checkbox"/> Additional Session	<input type="checkbox"/> Face-to-Face			
		<input type="checkbox"/> Phone			
1. Negotiate the agenda: What is the one area the participant would like to focus on changing?					
<input type="checkbox"/> Drink more water	<input type="checkbox"/> Exercise more	<input type="checkbox"/> Lower my cholesterol			
<input type="checkbox"/> Get blood pressure under control	<input type="checkbox"/> Decrease my A1C	<input type="checkbox"/> Quit smoking			
<input type="checkbox"/> Lose weight	<input type="checkbox"/> Eat more fruits and vegetables				
2. Assess stage of readiness to change:					
<input type="checkbox"/> Pre-contemplation	<input type="checkbox"/> Contemplation	<input type="checkbox"/> Preparation	<input type="checkbox"/> Action	<input type="checkbox"/> Maintenance	
3. Explore ambivalence: reasons to change, reasons to stay the same, good things about change, difficult things about change					
Document reasons for change:			Document reasons NOT to change:		
What barriers does the participant think might get in the way?			What are some things that can make this a success?		
<input type="checkbox"/> Transportation	<input type="checkbox"/> Lack of				
<input type="checkbox"/> Financial issues	Motivation/Commitment				
<input type="checkbox"/> Family/Social Support	Education/Health Literacy				
Issues	Unrealistic Goal Setting				
<input type="checkbox"/> Issues with Work	Other _____				
4. Tailor the intervention: elicit change talk, evaluate ambivalence, build readiness:					
Summarize the following:					
Goal: _____					
Next Step: _____					
Information Exchanged: _____					
Close the Encounter: _____					
Please check <u>all</u> topics that were discussed with participant:					
<input type="checkbox"/> Fruit and Vegetable Consumption	<input type="checkbox"/> A1C Control	<input type="checkbox"/> Water Consumption			
<input type="checkbox"/> Blood Pressure Control	<input type="checkbox"/> Smoking Cessation	<input type="checkbox"/> Cholesterol Control			
<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Physical Activity	Other: _____			