

WEST VIRGINIA WISEWOMAN



Health Coaching Form

This form is to be filled out by the provider or health coach, NOT the participant					
Provider Name	Date SSN#				
Last Name	First Name	M.I.	Date of Birth		
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Session One (Screening)	Session Three (Completed)	□ Face-to	Session Type:	Session Length (Mins):	
Session Two	Additional Session	Phone	-Fale	(1411115).	
1. Negotiate the agenda: What is the one area the participant would like to focus on changing? Drink more water Exercise more Lower my cholesterol					
 Drink more water Get blood pressure under (Get blood pressure under control Decrease my A1C Quit smoking				
Lose weight Eat more fruits and vegetables					
2. Assess stage of readiness to change:					
-	Contemplation D Prepara	ation 🛛 A	Action D N	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:					
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What barriers does the participant think might get in the way? What are some things that can make this a success?					
	Lack of	What are	some things tha	t can make this a success?	
Financial issues Motivation/Commitment					
Financial issues Motivation/Commitment Family/Social Support Education/Health Literacy					
Issues Unrealistic Goal Setting					
	 Other 				
4. Tailor the intervention: elicit change talk, evaluate ambivalence, build readiness:					
Summarize the following:					
Goal:					
Next Step:					
Information Exchanged:					
Close the Encounter:					
_	ease check <u>all topics</u> that were		th participant:		
Fruit and Vegetable Consul	-			Water Consumption	
Blood Pressure Control	Smoking (Cholesterol Control	
Weight Loss	Physical A	Activity		Other:	
Was an e	vidence-based strategy used to	o remind part	ticipant of follow	r-up?	
EBS #1 Date:	🖵 Written			Phone Call	
EBS #2 Date:	🖵 Written			Phone Call	
Clinician Signature: Date:					
Original: WISEWOMANYellow: ProviderPink: ParticipantOMCFH/WVWISEWOMAN/Form #WW105 Rev 03/19Send to: WV WISEWOMAN, 350 Capitol Street, Room 427, Charleston, WV 25301OMCFH/WVWISEWOMAN/Form #WW105 Rev 03/19					