

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 / /	
Last Name		SSN#	
First Name		M.I.	
Date of Birth / /			
<input type="checkbox"/> Session One (Screening) <input type="checkbox"/> Session Two		<input type="checkbox"/> Session Three (Completed) <input type="checkbox"/> Additional Session	
Session Type: <input type="checkbox"/> Face-to-Face <input type="checkbox"/> Phone		Session Length (Mins):	
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"/> Get blood pressure under control <input type="checkbox"/> Lose weight <input type="checkbox"/> Exercise more <input type="checkbox"/> Decrease my A1C <input type="checkbox"/> Eat more fruits and vegetables <input type="checkbox"/> Lower my cholesterol <input type="checkbox"/> Quit smoking			
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			
<u>Document reasons for change:</u>		<u>Document reasons NOT to change:</u>	
What barriers does the participant think might get in the way? <input type="checkbox"/> Transportation <input type="checkbox"/> Financial issues <input type="checkbox"/> Family/Social Support Issues <input type="checkbox"/> Issues with Work <input type="checkbox"/> Lack of Motivation/Commitment <input type="checkbox"/> Education/Health Literacy <input type="checkbox"/> Unrealistic Goal Setting <input type="checkbox"/> Other _____		What are some things that can make this a success?	
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 topics</u> 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 <input type="checkbox"/> Other: _____			
Was an evidence-based strategy used to remind participant of follow-up?			
EBS #1 Date:	<input type="checkbox"/> Written <input type="checkbox"/> Phone Call		
EBS #2 Date:	<input type="checkbox"/> Written <input type="checkbox"/> Phone Call		

Clinician Signature: _____

Date: _____