

HEALTH COACHING SESSION REVIEW RECORD

HC Provider		Date	
Client Name <i>(Last, First, M.I.):</i>		<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Referred by:		Date of Previous Session:	
ACTION PLAN REVIEW			
SMART Goals and Action Plan			
SMART GOAL: What, When, How Much, How Often, By When?			
Success/Progress/Goal Achievement:			
Barriers/Challenges:			
Action Taken (solutions, plan modification, goal change):			
Action Plan (Continue/Modify/New Plan)			
General goals:			
SMART Goal and Action Plan What, When, How Much, How Often, By When?			
Confidence: Low ... Medium... High			
Impact: Outcomes, Reflections, Other Behaviour Changes, Unexpected Consequences, New Issues or Challenges			
Outcomes and Reflections			
Other Behaviour Changes:			
Unexpected Consequences			
New Issues/Challenges:			
Impact on Health Issues	<input type="checkbox"/> Weight	<input type="checkbox"/> Cholesterol	<input type="checkbox"/> Pain
	<input type="checkbox"/> Blood Pressure	<input type="checkbox"/> Breathing/Congestion	<input type="checkbox"/> Sleep/Energy
	<input type="checkbox"/> Blood Glucose	<input type="checkbox"/> Diet/Nutrition	<input type="checkbox"/> Stress/Depression
	<input type="checkbox"/> Smoking	<input type="checkbox"/> Alcohol/Drugs	<input type="checkbox"/> _____

Comments (HCP and Client)