



## Wise Choices Health Coaching Contact Form

Date \_\_\_\_\_

Last Name	First Name	Middle Initial	MBCIS ID
Email	Telephone	DOB	

### **HEALTH COACHING SESSION:**

**Session #:** \_\_\_\_\_ (minimum is 5)

**Type:** ☐ Face to Face (Required for last contact) ☐ Telephone ☐ Email ☐ Text/SMS ☐ Video Chat

**Length of Session:** \_\_\_\_\_ (minutes)

**Content:** (Ask open-ended questions, use reflective listening, roll with resistance, express empathy)

Progress made, goal changes (Listen and reflect)

☐ met goal ☐ did not meet goal ☐ other \_\_\_\_\_

Barriers (Listen and reflect. Develop discrepancy)

☐ spouse and/or family ☐ caregiving responsibilities ☐ work

☐ other \_\_\_\_\_

Support systems (Listen and reflect)

☐ spouse and/or family ☐ community program ☐ people at work ☐ Navigator

☐ friends ☐ church ☐ other \_\_\_\_\_

Identify solutions (Listen and ask permission to make suggestions)

☐ redefined/adapted goal ☐ attend community programming

☐ other \_\_\_\_\_

### **Community Referral(s) Made:**

☐ Utility Bills

☐ Food

☐ Domestic Violence

☐ Housing

☐ Clothing

☐ Mental Health

☐ Medication Assistance

☐ Transportation

☐ Chemical Dependency

☐ Employment

☐ Other: \_\_\_\_\_

List resources or referrals made:

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### **Notes:**

### **ATTEMPT TO CONTACT CLIENT**

Time of Attempt \_\_\_\_\_ ☐ No Answer ☐ Left Message ☐ Unable to Talk ☐ Number Disconnected  
☐ Wrong Number

Health Coach \_\_\_\_\_ Date \_\_\_\_\_