



Wise Choices Participant Agreement

***Name:** _____ **Phone** _____

***My Health Coach is** _____ **Phone** _____

***My overall goal is related to: (choose only one)**

- Blood Pressure Control Nutrition Physical Activity
- Tobacco Use Healthy Weight Stress Management

***My small step is** (something I can be successful at doing in the next two months) _____

***My plan is** _____

Who will help me? _____

Where will I do it? _____

When will I do it? _____

What do I need to be successful? _____

***I will:**

- Work on my healthy behavior goal
- Sign up for and complete _____
_____ (lifestyle program)
- Talk with my health coach at least _____
_____ times a month
- Follow through with recommendations from my health care provider
- Take my medicine as prescribed
- _____

***The Wise Choices Program will:**

- Support me by providing resources to help me reach my goal
- Pay for my lifestyle program
- Provide a health coach who will motivate me to be healthy
- Pay for my eligible medical office visit and necessary lab work
- Help me find affordable medicine and help me find a way to remember to take it
- _____

On a scale of 0-10, how confident are you that you can be successful in making your small step?
_____ (0 = not confident at all, 10 = really confident)

I was given the following to help me achieve my small step:

- Food Diary Blood Pressure Monitor Market Fresh Vouchers
- Referral to the Tobacco Quitline Transportation Voucher Other: _____

***Participant signature** _____ ***Date** _____

Participant email _____

Next appointment (or best time to call) _____

Health Coach Signature _____ **Date** _____

***Items with an asterisk are required**