

HCA Health Coaching Session Record

Practitioner :	Date:
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Client Name:
 DOB:
 Address:

Agenda Setting

Presenting Issues: _____ _____ _____ _____ _____ Other Client Issues: _____ _____ _____	General Goal Options: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Manage Weight</td> <td><input type="checkbox"/> Decrease Blood Pressure</td> </tr> <tr> <td><input type="checkbox"/> Manage Medications</td> <td><input type="checkbox"/> Decrease Alcohol Intake</td> </tr> <tr> <td><input type="checkbox"/> Manage Stress</td> <td><input type="checkbox"/> Decrease Smoking</td> </tr> <tr> <td><input type="checkbox"/> Manage Blood Glucose</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> Improve Nutrition</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> Improve Sleep</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> Increase Movement</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> Increase Energy Levels</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> Increase Personal Time</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> Decrease Cholesterol</td> <td></td> </tr> </table>	<input type="checkbox"/> Manage Weight	<input type="checkbox"/> Decrease Blood Pressure	<input type="checkbox"/> Manage Medications	<input type="checkbox"/> Decrease Alcohol Intake	<input type="checkbox"/> Manage Stress	<input type="checkbox"/> Decrease Smoking	<input type="checkbox"/> Manage Blood Glucose	<input type="checkbox"/> _____	<input type="checkbox"/> Improve Nutrition	<input type="checkbox"/> _____	<input type="checkbox"/> Improve Sleep	<input type="checkbox"/> _____	<input type="checkbox"/> Increase Movement	<input type="checkbox"/> _____	<input type="checkbox"/> Increase Energy Levels	<input type="checkbox"/> _____	<input type="checkbox"/> Increase Personal Time	<input type="checkbox"/> _____	<input type="checkbox"/> Decrease Cholesterol	
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Initial Readiness to work on General Goal this session R _____ /10 I _____ /10 C _____ /10	Subsequent Readiness (if applicable) R _____ /10 I _____ /10 C _____ /10
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Decision made to work on General Goal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Used Decision Balance? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Goal Setting - GROW

Selected General Goal:

 Specific Options for Achieving General Goal:

Specific Goal (measurable, attractive outcomes, realistic, time-framed; frequency, intensity, monitoring, review date)

Action Planning

Barriers to Change: <input type="checkbox"/> Behavioural <input type="checkbox"/> Emotional <input type="checkbox"/> Situational <input type="checkbox"/> Thoughts	Items to Include in Action Plan (Attach copy of Plan) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> All micro steps needed</td> <td><input type="checkbox"/> ANTS into PETS</td> <td><input type="checkbox"/> Emotion Management</td> </tr> <tr> <td><input type="checkbox"/> Cues to Remember Steps</td> <td><input type="checkbox"/> PETS practice</td> <td><input type="checkbox"/> Review/Referral</td> </tr> <tr> <td><input type="checkbox"/> Support People</td> <td><input type="checkbox"/> Contingency Plan/s</td> <td><input type="checkbox"/> Rate Importance /10</td> </tr> <tr> <td><input type="checkbox"/> Other Support</td> <td><input type="checkbox"/> Relapse Prevention Plan</td> <td><input type="checkbox"/> Rate Confidence /10</td> </tr> </table>	<input type="checkbox"/> All micro steps needed	<input type="checkbox"/> ANTS into PETS	<input type="checkbox"/> Emotion Management	<input type="checkbox"/> Cues to Remember Steps	<input type="checkbox"/> PETS practice	<input type="checkbox"/> Review/Referral	<input type="checkbox"/> Support People	<input type="checkbox"/> Contingency Plan/s	<input type="checkbox"/> Rate Importance /10	<input type="checkbox"/> Other Support	<input type="checkbox"/> Relapse Prevention Plan	<input type="checkbox"/> Rate Confidence /10
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Signature:	Notes:
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