

**3 MONTHS**

TO GREAT HEALTH

Prepare

# FORMS

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# Health Coach

## AGREEMENT

This agreement between \_\_\_\_\_ and \_\_\_\_\_ will continue for \_\_\_ months at a \_\_\_ month rate of \$\_\_\_, totaling \$\_\_\_\_ due and payable at the time of this agreement. The service provided is health coaching.

This health coaching will address specific health behavior goals. The time agreement is as per the attached Session Schedule.

### **Roles and Responsibilities:**

#### **Client**

1. The client leads the session, asks for what he/she wants and lets the coach know what is working and not working in the health coaching relationship.
2. The client defines, clarifies and commits to specific action steps.
3. The client gives 24 hours notice in case of appointment reschedule.
4. The client takes responsibility for own actions.

#### **Health Coach**

1. The health coach supports the client in his/her goals, action steps and outcomes.
2. The health coach supports the client in defining and clarifying action steps.
3. The health coach asks questions to assess the level of client commitment to the actions.
4. The health coach tracks the client's progress.
5. The health coach discusses options and possibilities while the client does the work.
6. The health coach respects the client's willingness to be truthful and keeps all information confidential and private.

#### **Both Coach and Client**

1. Both the coach and the client make calls and appointments on time.
2. Both the coach and the client commit to principles of accountability, honesty and respect.

I have read and agree to the provisions of this Health Coaching Agreement. This agreement contains all the terms and provisions applicable within.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Sessions 1-6

## **3 Month Program #1**

SESSION 1 - Goals (6 month)

SESSION 2 - Keeping Track

SESSION 3 - My Plate

SESSION 4 - Portion Control

SESSION 5 – Exercise

SESSION 6 – Assessment

# Session Schedule

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Session Date	Session Time	Session Title

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

Phone Number \_\_\_\_\_

Best Time to Call \_\_\_\_\_

Email \_\_\_\_\_

I agree to the dates and times listed above and understand that if I do not cancel 24 hours in advance, I will be charged for the session.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Daily Journal

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Thoughts, feelings, intuitions (spiritual, family, inspirational)	
Gratitude	
Goals	
Action Steps	
Joy, Laughter, Play	
Fitness Plans	
Meals Water/Liquids Vegetables Fruits Healthy Fats Protein Whole Grains Supplements	
Progress (3 things you did well yesterday and 1 thing you will do better tomorrow)	

# Wish List

**Congratulations on embarking on your first personalized health and nutrition program!**

Please take a few minutes to jot down some of the things you would like to work on in the next 3 months.

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

# Wellness Assessment

**Please complete this form and email it to your health coach before your first meeting.**

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address \_\_\_\_\_

Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_

Does your physician know you are working with me? \_\_\_\_\_

Date of last Physical \_\_\_\_\_

Are you taking any Vitamin supplements? Please List

\_\_\_\_\_  
\_\_\_\_\_

Do you smoke? \_\_\_\_\_ If yes, how long? \_\_\_\_\_

Do you feel healthy? \_\_\_\_\_

Explain \_\_\_\_\_

\_\_\_\_\_

Are you happy with your weight? \_\_\_\_\_

Are you taking any medications? \_\_\_\_\_

Please List: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How often do you drink alcohol? \_\_\_\_\_

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# Wellness Assessment

**I want to address the following areas with my coach:**

- Improved energy
- Increase physical activity
- Lose weight
- Maintain weight
- Improve eating habits
- Improve health risks or medical conditions
- Reduce need for medication
- Improve sleep
- Manage stress better or reduce stress
- Improve life/work/school balance

**How often are you physically active each week?  
(continuously moving your body for 15+ minutes)**

- 6-7 times per week
- 4-5 times per week
- 2-3 times per week
- 1 or fewer times per week

**How often do you eat breakfast each week?  
(Just coffee does not count)**

- Every day
- Most mornings
- 2-3 times per week
- Almost never

**How many 8 ounce glasses of water do you drink a day?**

- 6 or more glasses
- 4-5 glasses
- 1-3 glasses
- None

# Wellness Assessment

**FRUITS AND VEGETABLES: How many servings of fruits and vegetables do you eat daily? (A serving is: 1 cup fresh, 1/2 cup cooked, 1 medium fruit, or 3/4 cup juice)**

- One or less
- Two daily
- Three daily
- Four daily
- Five or more daily

**How many 8 ounce portions of a soft drink do you drink each day?**

- None or rarely
- 1-2 portions
- 3-5 portions
- 6 or more portions

**How often do you eat "junk" snack foods between meals? (Ex. pastries, candy, ice cream, cookies)**

- Three or more times per day
- Once or twice per day
- A few times per week
- Seldom or never

**How many hours of sleep do you get on average?**

- Less than 6 hours
- 6-7 hours
- 7-8 hours
- 8 or more hours

**Do you have any limitations in exercising? (arthritis, back injury, sprained ankle, etc.)**

- No
  - Yes
-

# Wellness Assessment

**Questions, comments or concerns for my Coach**

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