Health Coaching Assessment

**Client Name**: **DOB**: **Today’s Date**:

**Reason for Referral**:

**Reason for Referral** (According to Client):

**Relevant History:**

|  |  |
| --- | --- |
| Medical: *Diagnosis, Symptoms, Medications, Surgeries, & other relevant history* |  |
| Social & Living Environment:  |  |
| Productive Activities: *School, Work, Volunteering* |  |
| Caregiving, Household Responsibilities, Instrumental Activities:  |  |
| Hobbies, Sport & Leisure:  |  |
| Other:  |   |

**PART A: Circle where your client is experiencing challenges from a physical health perspective:**

|  |  |  |
| --- | --- | --- |
| STRUCTURE | SKILL | FUNCTION |
| * ROM, Strength, Grip & Pinch
* Balance, Proprioception
* Vestibular, Coordination
* Vision, Visual-Perception
* Hearing, Taste, Smell
* Pain, Temperature, Touch
* Coordination
* Gross Motor, Fine Motor
* Sleep, Nutrition
* Medical conditions
* Sensitivities: Tactile, Light, Noise
* Endurance
 | * Lie
* Sit
* Stand
* Walk
* Run
* Jump
* Bend
* Reach
* Squat
* Kneel
* Transfer
* Crawl
* Climb
 | * Personal Care
* Work, School
* Caregiving
* Instrumental Tasks
* Leisure & Sport
 |
| Are these being potentially affected by:  \_\_\_ Cognitive factors \_\_\_ Psychosocial factors \_\_\_ Environmental factors: |
| NOTES:  |

**PART B: Circle where your client is experiencing challenges from a brain health perspective:**

|  |  |  |
| --- | --- | --- |
| STRUCTURE | SKILL | FUNCTION |
| Brain/ Central Nervous System: * Physical Structures
* Chemistry
* Electrical
* Vascular, CSF Systems
* Medical conditions
 | * Orientation, Temporal Awareness
* Attention – Sustained, Selective, Divided
* Memory – Immediate, Delayed, Long-term, Semantic, Prospective
* Following Directions – simple to complex
* Sequencing, Constructional ability
* Problem-solving – simple to complex
* Mental Flexibility
* Executive Functioning – goal setting, planning, prioritizing, organizing, reviewing
* Insight, Foresight, Decision-making, Judgment
* Comprehension, Communication, Abstract Reasoning
* Information Processing Speed, Endurance
 | * Personal Care
* Work, School
* Caregiving
* Instrumental Tasks
* Leisure & Sport
 |
| Are these being potentially affected by:  \_\_\_ Cognitive factors \_\_\_ Psychosocial factors \_\_\_ Environmental factors: |
| NOTES:  |

**PART C: Circle where your client is experiencing challenges from a mental health perspective:**

|  |  |  |
| --- | --- | --- |
| STRUCTURE | SKILL | FUNCTION |
| * Mood
* Education
* Values
* Beliefs
* Spirituality
* Gender
* Sexuality
* Aggression
* Culture
* Medical conditions
 | * Coping
* Self-esteem
* Adaptive/Maladaptive Behaviours
* Relationships (family)
* Relationships (social)
* Relationships (romantic)
* Risk Taking
* Addiction
* Violence
* Lawfulness/Unlawfulness
 | * Personal Care
* Work, School
* Caregiving
* Instrumental Tasks
* Leisure & Sport
 |
| Are these being potentially affected by:  \_\_\_ Cognitive factors \_\_\_ Psychosocial factors \_\_\_ Environmental factors: |
| NOTES:  |

**Part D: Identifying Health Concerns**

|  |
| --- |
| What are my client’s top 3 health concerns? 1. (add)
2. (add)
3. (add)
 |

|  |
| --- |
| What are my client’s family and friends’ top 3 health concerns for my client? 1. (add)
2. (add)
3. (add)
 |

|  |
| --- |
| What are my client’s health care team’s top 3 health concerns for my client? 1. (add)
2. (add)
3. (add)
 |

|  |
| --- |
| What are my top 3 health concerns for my client? 1. (add)
2. (add)
3. (add)
 |

**Health Coaching Assessment Plan**

|  |
| --- |
| Within my scope of practice, I will complete the following assessments:  |

|  |
| --- |
| Consultations with client, family/friends, or health care providers I need to complete:  |

|  |
| --- |
| Referrals I need to make to assist in my Health Coaching Assessment or Plan:  |

|  |
| --- |
| Education or Resources I need to provide:  |

**Health Coaching Plan**

GOAL SETTING (in priority):
*SMMART Goals: Specific, Measurable, Meaningful, Achievable, Realistic, Timed*

1. (add)
2. (add)
3. (add)

|  |
| --- |
| PLAN |
| List GOAL 1 Activities:  | List GOAL 2 Activities:  | List GOAL3 Activities: |
| TIMEFRAME: | TIMEFRAME: | TIMEFRAME: |
| How will we know it was successful?  | How will we know it was successful? | How will we know it was successful? |
| Actual Outcome:  | Actual Outcome:  | Actual Outcome:  |
| Reflection:  | Reflection:  | Reflection:  |

**Other Notes:**