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:**