

Form 4.1

Wellness Coaching Intro-Pack

As your wellness coach, it is important that I understand how you view yourself and your life. Complete the questions as fully as you can and either email them to me in advance of our first session or bring them with you.

Name:

Email:

GP:

Land-line:

Mobile:

Age:

Occupation:

Address:

Coaching

What has influenced your decision to work with a wellness coach at this time?

What do you want from the wellness coaching relationship?

What is the best way for me to coach you most effectively?

Physical wellness

Detail past illnesses:

Detail past hospitalization/surgery:

Detail your diet (give an example of a typical day's eating/drinking):

Detail any supplements (vitamins, minerals) or herbs you're taking:

Detail your activity/exercise level:

Describe any health challenges that you currently experience (major concerns in addition to problems like headaches, insomnia, etc.):

Detail any medication and the intended impact of the medication:

Psychological wellness

Detail any mental health issues you have had in the past or currently have:

What do you do to reduce stress in your life?

Social wellness

Who is the one special person you could contact if you needed help?

In general, how many relatives, other than your children, do you feel close to and have contact with at least once a month?

In general, how many friends do you feel close to and have contact with at least once a month?

Whom can you count on for emotional support (talking over problems or helping you make a decision)?

To what extent do you participate in community activities?

Occupational wellness

Detail your current paid work status:

Detail your current community or volunteer work status:

What do you do that is meaningful to you to occupy your time?

How do your occupational (paid or unpaid) goals support your personal goals or sense of purpose?

Environmental wellness

In what ways are you proactive in practising environmental management (animals, land, resources) within your community?

How do you practise good ergonomics within your workplace?

Spiritual wellness

What is your spiritual base or belief system?

How do you draw upon your spiritual beliefs for support and help in moving forward with your life?

Please describe what gives you a sense of purpose in life. What activities have meaning or heart for you?

What's missing in your life, the presence of which would make your life more fulfilling?

Focusing your choices

This exercise will add clarity to the primary areas you want to focus on in wellness coaching. Please describe the five lifestyle areas you would like to change or improve. How will it look when you accomplish your goals?

1. I would like to improve or change...

How will your wellness change when this is improved or changed?

2. I would like to improve or change...

How will your wellness change when this is improved or changed?

3. I would like to improve or change...

How will your wellness change when this is improved or changed?

4. I would like to improve or change...

How will your wellness change when this is improved or changed?

5. I would like to improve or change...

How will your wellness change when this is improved or changed?

Form 4.2

Wellness Coaching Agreement

As a wellness coaching client, I:

- am fully responsible for my choices and decisions during my wellness coaching sessions
- am aware that I can choose to discontinue wellness coaching at any time
- understand that wellness coaching does not treat mental health issues and is not a substitute for medical treatment, and that professional referrals will be given if needed
- understand that wellness coaching can facilitate the development and implementation of my wellness goals across different areas of my life
- promise that if I am under the care of a mental health professional, I have discussed with them the possibility of working with a wellness coach and that agreement has been reached that I may do so
- understand that information will be held confidential unless I state otherwise in writing, except as required by law or in supervision
- understand that wellness coaching is not to be used in lieu of medical treatment or professional guidance in other life areas, and that I will seek appropriate advice when required.

Client: _____

Date: _____

Form 4.3

Personal Wellness Plan

Wellness coaching solution checklist

Goals I would like to work on	Suggested intervention
1.	
2.	
3.	
4.	
5.	
6.	

Form 4.4

Client Action Plan Sheet

Goal	Steps needed	Resources needed	Date completed

Form 4.5

Session Preparation Sheet

Date:

To get the most from our next wellness coaching session, it is best to spend several minutes preparing for it. Please email or post me a copy of this sheet before our session.

What have I accomplished since our last session:

The goal I would like to work towards in my next wellness coaching session:

Challenges I am facing right now:

How I want to use my wellness coach today and what I want to get out of this call/session: