



Health Coaching

SESSION INFO & DOCUMENTS

THE BASICS

As we shared in your lesson you should work with a team approach. Nutritionist/Dietician, Fitness Instructor, client's doctor, and you the wellness coach. Discuss how you will collect payment from the client, who will be in charge of scheduling and so on. If you are doing this on your own and you will just be advising your client that works to. The client is ultimately responsible to hire and consult experts just be clear about your role and limitations to avoid any legal or health issues.

You are welcome and encouraged to use any and all of the handouts in this program and the program "Nutrition 4 Optimal Health". We want you to be successful! Thus you have permission to use the handouts and the information you learn in this course. You are welcome to share my website: www.BodyMindHealthCoach.com or www.BodyMindHealth4u.com with your clients as a resource, and I encourage you to do so EVEN if they are not vegetarian. I have lots of material suitable for various diets. And that leads me to legal info.

Do NOT break the law, period! What are the restrictions in your area in terms of medical and health advice? Find out! Generally speaking you should NEVER consult a client directly in regard to treatment of a disease. This is dangerous and illegal in most countries. Do not use copyright materials without permission. You are a professional, act like one! Keep EVERYTHING about your client confidential! Do not share with friends or others. The only exception is your team members and make sure you have your client fill out the Registration form BEFORE you meet for the first session. Keep records and do not give out medical advise, as hard as that is. You can refer them to websites, books, other professionals as needed. In fact, I like to have a lending library. See "Materials" below.

WHERE TO HOLD SESSIONS

The best place to hold your group sessions or private consultations is in a facility where you can organize and introduce clients in a professional manner. Ask to rent a room or portion of a larger space. It is ideal to have a private area since clients will feel more comfortable confiding in you.

SCHEDULING

You can also do it online using Skype, Zoom, or other video software but this is not as effective as in person. Survey people in your area to determine what will work best in your community. Likely you will need to book people throughout the day and week. When getting started keep in mind it is best if you can book people close together so you can stay focused and organized. Plus, you can do this part time until you have a larger client base.

MATERIALS

You will need only some basic materials for your program. A copy of all the handouts from this program and your session sheets. Have pens ready for your client to use and a clip board to write on. The more organized and professional the better! You will need a photocopier (scan print function). It is imperative your client gets their session forms to stay motivated and on track. You will also need a scale and body fat analyzer.

Lending library. Since you have to be so careful about giving medical or health advice I love to have a lending library. This way you can provide your client specific information without breaking any laws or getting into trouble. Have both books and DVD's available on a variety of topics.

ADVERTISING

It is important to promote your program by getting advertisements put in newspapers, submitting applications for free ads in community "What's Happening" lists in the local newspapers, local cable TV, on radio stations and getting posters and flyers printed, distributed and posted at various high-profile establishments. Day care centers are good for reaching young parents. Doctors may allow you to place fliers for free distribution in their offices. Here are some more suggestions for posters or flyers:

- Community Bulletin Boards
- Grocery stores
- Gas stations
- Hair Salons
- Post Office
- Banks
- Mall & Shopping Centers
- Restaurants
- Fitness Clubs
- Laundry Mats
- Community Groups - Better Babies, Other health programs, Women's programs, etc.
- Hospital waiting rooms
- Library & Community Centers

Again, consult the marketing plan for more details on effective advertising.

PREPARING FOR THE SESSIONS

The first step is to register your client. This should happen BEFORE the first session. Use the registration form in the Appendix or create your own. Make sure you give your client copies of their session forms so they can have success in this program. The session suggestions in this handout are more general than those in the 10 step wellness program. Just some more options so you can see the flexibility of coaching. Adapt these or completely make your own, whatever is going to work for you and your client.

FIRST SESSION

Next, prepare for your first session. In this session you will go over the filled out registration form with your client and help them establish some basic goals. You can do a Life Inventory before or during this first session as well. Remember the session form is for YOU to fill out NOT the client!!!

Key points for the first session:

- Do they understand this is a life style program and you are not here to create a diet for them?
- Is their Doctor informed of all health changes?
- Fill in the session one form during or after the session - keep notes.

SECOND SESSION

For the second session go over what are their thoughts on their health goals and any challenges they met. If your client is seeing a nutritionist or dietitian, your role will be to introduce them, if its a team approach, or ask to see the worksheet/meal plan, etc. the dietitian provides. If your client is not seeing a dietitian be very careful to provide tools so they can create a balanced diet for themselves.

Key points for the second session:

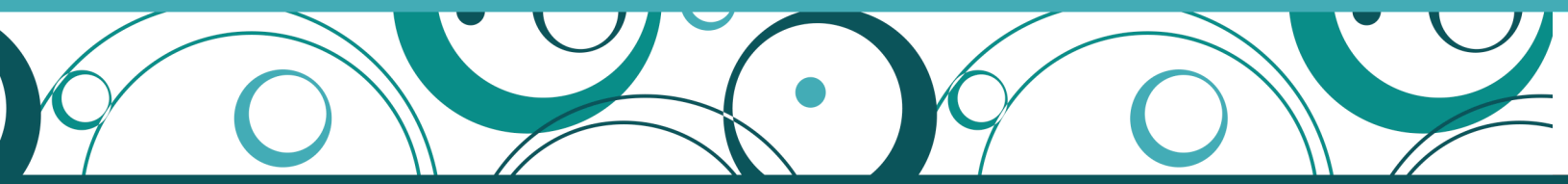
- Did they meet their 1 day and 1 week goals?
- What challenges did they face?
- Do they need to adjust their goals?

THIRD SESSION

Third Session will be your opportunity to discuss how the first few changes are going. How did filling out the wellness journal work for them. In this session give them a wellness journal page (with instructions) or set of pages for the week. Explain how to fill it out. (You can send it to them electronically so they can fill it in on their computer or print a hard copy.)

Key points for the third session:

- Does their doctor have any concerns?
- Did they meet their 1 week goals this week, are they on track for meeting their 1 month goal?
- What challenges did they face?
- Do they need to adjust their goals?
- Fill in session three form.
- Give them a wellness journal page and ask them to bring their wellness journal in for the next session.



FOLLOW UP SESSIONS

Keep working on their 1 month, 3 month, and 6 month goals. You may need to break these goals down further or they may find they want to add new ones as well.

Key points for follow up sessions:

- Review their wellness journal pages with them.
- How are their health goals working out? Do they have any specific challenges?
- What about stressors? Give them the handout on stress if needed.
- Explain how they can record stressors in their wellness journal.
- Ask if they have any goals they wish to modify or expand on.
- Fill in a “Follow Up Session Form” this will be the form you use from now on.

APPENDIX

Registration Form

Session One Form

Session Two Form



COACHING REGISTRATION FORM

(All information is confidential)

Name: _____ Date: _____

Address: _____

City: _____ Province/State: _____ Postal Code: _____

Phone: _____ Email: _____

Date of Birth: _____ (mm/dd/yyyy)

Do you have a health goal already? Yes / No If yes, what is it: _____

Doctors Name & Contact info: _____

Dietitians Name & Contact info: _____

Please list any illnesses with which you have been diagnosed with: _____

Are you currently undergoing any treatments? (Radiation, chiropractor, etc.) Yes / No

Explain: _____

Do you smoke? Yes / No

Would you like to quit? Yes / No

Do you exercise regularly? Yes / No

Times per week: _____

Ave. Duration: _____

Diet (circle one): Omnivore (eat meat) lacto-ovo-vegetarian (milk/eggs) Vegan



Do you have any known allergies (food, environmental, etc.) List them: _____

Are you on a special diet? Yes / No

If yes, describe diet (IE: low FODMAP, diabetes, etc.):

I am open to spiritual things (circle one): Yes Yes, but I'm not religious Maybe Not sure

I hereby attest to the following:

1. I am here on this, and any subsequent visit, on my own behalf and not as an agent for investigation. I am here to learn how to be proactive in my own health.
2. I am aware of what coaching is and is not. A coach is not a therapist or a counselor. I will seek help from a professional as needed. I fully understand that a health coach is NOT a medical doctor and I am not here for medical diagnosis or treatment. I may receive general health and lifestyle information for educational purposes only. If I have any health problems or health concerns, I am now being advised not to delay getting medical advice from a physician. I understand and agree that any services rendered by a wellness coach is not deigned to cure any disease, pain, deformity, injury, mental or physical condition of any kind for which medical license is required.
3. I will NOT change my current medications, prescribed diet, or exercise/treatment programs without consulting my doctor.
4. I give permission to my wellness coach and other team members to discuss my program with each other and my family doctor if necessary.
5. I am committed to making my own health goals and I am responsible for all the goals and decisions I make regardless of our in session discussions.
6. I will do my best to work toward my goals as laid out in our coaching sessions and I will advise my health coach of any concerns I may have about our coaching relationship or sessions.
7. I understand my coach may talk about spiritual things, because part of health includes our spiritual state, and I will not be offended because I am assumed they will not push their beliefs on me.
8. I understand all my information will be protected and will be kept confidential except as needed to be discussed between team members as listed on this page or addendum.
9. This agreement is being signed voluntarily.

Date: _____

Signed: _____



SESSION ONE

Name: _____

Date: _____

Client has informed their doctor they want to make health changes and are seeing a health coach: Yes / No
(If no, you should advise they must see their doctor to prevent any health problems that can arise)

Any restrictions the doctor recommends:

What are their primary & secondary health goals?

Do the goals meet the SMART criteria? Yes / No (rework the next session if you are running out of time)

Do they see any obstacle in the way of making those goals?

Will they be seeing a dietitian? Yes / No

Comments/Questions to address:

Next Appointment booked for: _____



SESSION Two

Name: _____

Date: _____

Client has informed their doctor they want to make health changes and are seeing a health coach: Yes / No
(If no, you should advise you don't take the place of their doctor.) Remind them they need to follow their doctor's advice at all times.

Anything the doctor recommended?

Did they talk to a dietitian? Yes/No If no, remind them you can't provide personalized nutritional advice.

Anything the dietitian recommended?

Any adjustments to their health goals? Perhaps making smaller ones to get to a larger goal?

Did they have any obstacle in the way of making those goals? How can they deal with those better?

Comments/Questions to address:

Next Appointment booked for: _____



WELLNESS SESSION

Name: _____

Date: _____

Any adjustments to their health goals? Do they have any new goals or challenges?

Did they have any other or new obstacles in the way of making those goals? How can they deal with those better?

What have they learned about health this week? Are they examining new tools so they can reach their goals? Are they continuing to take charge of their health and not let circumstances get in the way?

How did filling in the Wellness Journal go this week?

Comments/Questions to address:

Next Appointment booked for: _____