

Health Coaching Fit Screen



Client / Patient Name: _____ ID: _____ Date: _____

Instructions: Use this tool to determine whether a client may benefit from a Coach Approach or referral to a health coach. Mark "Yes" or "No" for each item.

- | | | |
|---|--|--------------------------|
| 1 | Client is medically stable (not in acute distress or medical crisis) | <input type="checkbox"/> |
| 2 | Client is cognitively able to engage in reflective dialogue | <input type="checkbox"/> |
| 3 | Client can understand and process basic questions | <input type="checkbox"/> |
| 4 | Client can engage in back-and-forth dialogue and express thoughts or ideas | <input type="checkbox"/> |
| 5 | Client is open to exploring their own thoughts, values, and motivations | <input type="checkbox"/> |
| 6 | Client expresses a desire to improve or maintain health outcomes | <input type="checkbox"/> |
| 7 | Client prefers collaboration rather than directive instruction | <input type="checkbox"/> |
| 8 | Practitioner is present, clear, and ethically able to engage in a Coach Approach | <input type="checkbox"/> |
| 9 | Are you conducting a standardized assessment? | <input type="checkbox"/> |

Interpretation:

If all items are marked YES, a Coach Approach is likely appropriate.

If any item is marked NO, pause and reassess. Consider adapting your approach or referring to another provider.

Patient Self-Rating Questions

1 = not ready at all; 5 = might be willing to change, 10 = really ready to change

How ready are you on a scale of 1 to 10 to make a healthy lifestyle change?

1 = not confident at all; 5 = somewhat confident 10 = really confident

How confident are you to make healthy lifestyle changes in the next 3-6 months?

Health Coaching Fit Screen



Client / Patient Name: _____ ID: _____ Date: _____

Notes or Follow-Up Needs: (document any considerations, follow-up plans, or possible referrals)

Referral Needed? Yes No

Reason for Referral:

Healthcare Provider Type: _____

Urgency Level: Routine Priority Urgent Emergency Optional

Additional Notes:

Completed by: _____

Designation: _____