

MONTHLY THEMED VISIT · MONTH 3 OF 12

March — Hydration and Healthy Beverages

THEME

Improving hydration and reducing hidden calories from drinks.

MEMBER NAME

COACH

VISIT DATE

TIME

WHAT'S INSIDE THIS GUIDE**Call Guide** – Conversation starters and coaching questions.**Education** – Key teaching points and talking tips.**Documentation** – Your required charting checklist.**Monthly Challenge** – One actionable goal the member can work on before the next visit.**A CORE REVIEW — EVERY MONTHLY VISIT**☐ Scheduled monthly follow-up call completed with member.☐ Member is currently taking the following medication:

☐ Member reports the following side effects:

☐ Member is satisfied with their progress: Yes / No☐ Member's weight chart and non-scale victories were reviewed:

☐ Member is currently experiencing the following barriers to weight loss:

☐ Member has made the following changes to their nutrition and exercise routine:

☐ Hydration status:

**CALL GUIDE**

Conversation starters and coaching questions. Ask each prompt and record the member's response.

1. How much water are you drinking each day?

2. What beverages do you drink most often?

3. Do you notice increased hunger, headaches, or fatigue when you drink less water?

4. What would make drinking water easier during the day?

**Education**

Key teaching points and talking tips. Check each topic reviewed with the member.

- ☐ Recognizing signs of dehydration
- ☐ Choosing lower-calorie beverages
- ☐ Drinking water before meals
- ☐ Using a water bottle or reminders to improve consistency

**MONTHLY CHALLENGE**

Begin each morning with a glass or bottle of water.

One actionable goal the member can work on before the next visit.

Member agreed to the challenge: Yes / No Modified version recorded below.

**DOCUMENTATION**

Your required charting checklist. Copy this block into the member's chart note.

☐ Scheduled monthly follow-up call completed with member.

☐ Member is currently taking the following medication:

☐ Member reports the following side effects:

☐ Member is satisfied with their progress: Yes / No

☐ Member's weight chart and non-scale victories were reviewed:

☐ Member is currently experiencing the following barriers to weight loss:

☐ Member has made the following changes to their nutrition and exercise routine:

☐ Hydration status:

☐ **Monthly Theme Reviewed:**

☐ **Education Provided:**

☐ **Monthly Challenge Selected:**

☐ Goal for the month:

Next follow-up appointment scheduled for: Date _____ @ Time _____

COACH SIGNATURE

CREDENTIALS

DATE COMPLETED
