

MONTHLY THEMED VISIT · MONTH 5 OF 12

May — Mindful Eating

THEME

Slowing down and recognizing hunger and fullness signals.

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. Are you usually physically hungry when you eat?

2. Do you eat while watching television, working, or driving?

3. How quickly do you usually finish a meal?

4. What emotions or situations tend to trigger eating?

 Education

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

- ☐ Physical hunger versus emotional hunger
- ☐ Eating slowly and without distractions
- ☐ Pausing before second servings
- ☐ Recognizing comfortable fullness

 MONTHLY CHALLENGE

Eat one meal each day without television, phones, or other distractions.

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
