

MONTHLY THEMED VISIT · MONTH 6 OF 12

June — Protein Power

THEME

Using protein to support fullness, muscle health, and steady energy.

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:

B **CALL GUIDE**

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

1. What protein foods are you currently eating?

2. Are you including protein at breakfast?

3. Do you notice increased hunger after meals that are low in protein?

4. What affordable or convenient protein options could you add?

 Education

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

- ☐ Protein at meals and snacks
- ☐ Lean meats, eggs, Greek yogurt, cottage cheese, and other options
- ☐ Eating protein before carbohydrates
- ☐ Spreading protein intake throughout the day

 MONTHLY CHALLENGE

Include a protein source with every meal.

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
