

MONTHLY THEMED VISIT · MONTH 7 OF 12

July — Healthy Choices During Travel and Celebrations

THEME

Staying consistent during vacations, cookouts, holidays, and social events.

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 there any trips or celebrations coming up?

2. What situations make healthy choices more difficult?

3. Which favorite foods would you like to enjoy in moderation?

4. How can you return to your routine after a special event?

**Education**

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

- ☐ Planning ahead without feeling restricted
- ☐ Choosing smaller portions
- ☐ Staying hydrated during travel
- ☐ Returning to normal habits at the next meal

**MONTHLY CHALLENGE**

Use the "one-plate plan" at one cookout, restaurant, or social event.

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
