

MONTHLY THEMED VISIT · MONTH 9 OF 12

September — Meal Planning and Preparation

THEME

Making healthy choices easier through planning.

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.**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 often do you plan meals before the week begins?

2. What usually happens on nights when no meal is planned?

3. Which meals are the most difficult to prepare?

4. What foods could you prepare ahead of time?

**Education**

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

- ☐ Planning simple meals
- ☐ Keeping convenient protein and produce available
- ☐ Using leftovers intentionally
- ☐ Preparing grab-and-go snacks

**MONTHLY CHALLENGE**

Plan at least three dinners before grocery shopping.

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
