

MONTHLY THEMED VISIT · MONTH 12 OF 12

December — Holiday Balance and Year-End Reflection

THEME

Enjoying the holidays while maintaining progress.

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. What progress are you most proud of this year?

2. Which habits have made the greatest difference?

3. What holiday situations may be challenging?

4. What is one goal you want to carry into the new year?

**Education**

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

- ☐ Avoiding skipping meals to "save calories"
- ☐ Choosing favorite holiday foods intentionally
- ☐ Maintaining hydration and movement
- ☐ Resuming the normal routine after celebrations

**MONTHLY CHALLENGE**

Maintain one anchor habit throughout the holiday season, such as water intake, protein at breakfast, or a daily walk.

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
