



Washington State Department of  
**HEALTH**

DOH 349-040 JAN 2024 ENG



WISEWOMAN™

# Washington State WISEWOMAN Health Coaching Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**My overall goal is related to:**

- Blood Pressure Control
- Tobacco Use
- Nutrition
- Healthy Weight
- Physical Activity
- Stress Management

**My small step is** (something I can be successful at doing in the next two months) \_\_\_\_\_

**My plan is** \_\_\_\_\_

Who will help me? \_\_\_\_\_

Where will I do it? \_\_\_\_\_

When will I do it? \_\_\_\_\_

What do I need to be successful? \_\_\_\_\_

**I will:**

- Work on my healthy behavior goal
- Sign up for and complete \_\_\_\_\_  
\_\_\_\_\_ (lifestyle program)
- Follow through with recommendations from my health care provider
- Take my medicine as prescribed
- \_\_\_\_\_

**The WISEWOMAN Program will:**

- Support me by providing resources to help me reach my goal
- Pay for my lifestyle program
- Pay for my eligible medical office visit and necessary lab work
- \_\_\_\_\_

On a scale of 0-10, how confident are you that you can be successful in making your small step?  
\_\_\_\_\_ (0 = not confident at all, 10 = really confident)

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WISEWOMAN Contacts are:** \_\_\_\_\_