



Goal Documentation Sheet for Clinicians

Keep a record your patient's goal setting and attainment on this form.

Patient Initials: _____ Age: _____ Gender: _____

VISIT #1: Assess Baseline & Set a Goal:

Date (MM/DD/YY): _____

Please record patient's Health & Resilience Questionnaire Pre-score here: _____ /50

Record patient's **S.M.A.R.T.** goal (in the category of Physical Activity, Social Activity, Brain Challenge, Positive Thinking or Taking Care of Mental Health) below.

Goal: _____

Did you invite this patient to use **The Wellness App?** (wellnessapp.ca)

Yes No Comment: _____

How likely is it that this patient will use **The Wellness App?**

Likely Unlikely Not Sure

VISIT #2: Check-in on Goal:

Date (MM/DD/YY): _____

Did the patient's goal change from VISIT #1? If so, record here: _____

Goal Attainment: To what extent did this patient meet their goal? (*check one*)

No change

Partially Achieved Goal

Fully Achieved Goal

Exceeded Goal

Well-being: To what extent does the patient feel that working toward this goal impacted their well-being? (*check one*)

No Change

Slightly Improved

Moderately Improved

Greatly Improved

Please record patient's Health & Resilience Questionnaire Post-score here: _____ /50

Did this patient use **The Wellness App?** Yes No Not Sure

Comments:

