



The Brain Health & Wellness Project Goal Doc Sheet For Healthcare Providers' Use

Please fill a record of your patients' goal-setting and attainment on this form.

Patient's Initials: _____ Age: _____ Gender: _____

VISIT #1: Assess Baseline & Set a Goal: Date: _____

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

Record patient's specific S.M.A.R.T goal (physical, social or brain challenge) here:

The patient will register to use The Wellness App? (<http://wellnessapp.ca>) Yes No I don't know
 (The app offers the patient personalized support & encouragement for goal completion between visits.)

VISIT #2: Re-check on Goal: Date: _____

Goal Attainment: How did this patient do in meeting their goal this time? (check one)

No change

Partially Achieved Goal

Fully Achieved Goal

Exceeded Goal

Please record patient Health & Resilience Questionnaire post-score here: _____ / 50

Was *The Wellness App* used by the patient between your contacts? Yes No I don't know