

Goal Doc Sheet for Clinicians

Clinician Initials: _____ Location of Practice (province): _____

Please 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 (Physical Activity, Social Activity, Brain Challenge, or Other)

Goal:

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

Yes No

How likely do you think the patient is to use **The Wellness App?**

Likely Unlikely Not Sure

VISIT #2: Check-in on Goal: Date (MM/DD/YY): _____

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

No change	Partially Achieved Goal	Fully Achieved Goal	Exceeded Goal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

No Change	Slightly Improved	Moderately Improved	Greatly Improved
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

If the patient offers feedback on this process or use of **The Wellness App**, please share it here
Comment: