

## Goal Doc Sheet for Clinicians

Please record your patient's goal-setting and attainment on this form.

Patient Initials: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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**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](http://wellnessapp.ca))

Yes  No

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

Likely  Unlikely  Not Sure

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**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

**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

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

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

**Comment:**

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The Wellness App: [wellnessapp.ca](http://wellnessapp.ca) Email: [info@fountainofhealth.ca](mailto:info@fountainofhealth.ca)

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