



WellPath Coaching Progress Notes for Exercise/Fitness Participation (EFP)

WellPath Participant's (WP) Name: _____ EmpID: _____

Contact information: Phone: _____ Email: _____@_____

Coach (WC): _____ FU frequency: _____ F2F Phone Email Web Other: _____

Fitness Improvement:

CV Fitness Flexibility Muscular Endurance Muscular Strength Body Composition

Test/retest measure: _____ Date: _____

Test/retest measure: _____ Date: _____

Test/retest measure: _____ Date: _____

Exercise Prescription:

Component: _____

Component: _____

Frequency (F): _____

Frequency (F): _____

Intensity¹ (I): _____

Intensity¹ (I): _____

Intensity² (I): _____

Intensity² (I): _____

Duration (D): _____

Duration (D): _____

Exercise Participation:

Start Date: _____

6 Month Date: _____

Reporting Frequency: _____

Reporting method: _____

Meeting Frequency: _____

Meeting method: _____

Average F: ___/week D: ___/Week WP initials: _____ WC initials: _____