

Date: _____

Name: _____ and _____ talked about

things I need to do to improve my health. One goal I want to achieve is (Circle):

<p>Get more exercise</p> 	<p>Take my medications</p> 	<p>Improve my food choices</p> 
<p>Reduce my stress</p> 	<p>Cut down on smoking</p> 	<p>Get more sleep</p> 

My specific plan is to do:

What: _____

How much: _____

When: _____

How Often: _____

Where: _____

With whom: _____

Start date: _____ Follow-up date: _____

Check in plan: _____

One thing that could keep me from my goal: _____

Things I could try if that gets in my way: _____

This is how my practice care team will help me: _____

How sure am I that I can do this? (<7, change plan)

