



Personalized
Care Plan

Your Name: _____

What is one thing you would like to improve about your health?

Lose weight

Quit Smoking

Improve Nutrition

Reduce your stress

Stay current with all preventive health services

Control your _____ (diabetes, hypertension, etc)

Other: _____

How might you begin to achieve that goal?

Exercise

Changing your diet

Changing daily activities

Referral to Specialist / Counselling / Therapy

Talking to your primary care provider

Other: _____

What might make it hard for you to achieve that goal?

Not enough time

Need more information

Too expensive

Lack of motivation

Other: _____

Reviewed with _____ on _____