



# My Action Plan

**Patient name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This is my health care goal – what I want to change:

\_\_\_\_\_

Things I can do to help achieve this goal:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**(CIRCLE 1, 2, 3, or 4 ABOVE TO WORK ON BETWEEN THIS VISIT AND YOUR NEXT APPOINTMENT ON \_\_\_\_\_.)**

## My action steps:

What I will do: \_\_\_\_\_

\_\_\_\_\_

How often: \_\_\_\_\_

\_\_\_\_\_

When: \_\_\_\_\_

\_\_\_\_\_

What are the potential barriers? \_\_\_\_\_

\_\_\_\_\_

How will I overcome these barriers? \_\_\_\_\_

\_\_\_\_\_

Support and resources that could help me accomplish this goal: \_\_\_\_\_

\_\_\_\_\_

On a scale of 1 (low) to 10 (high), my confidence in reaching this goal is: \_\_\_\_\_

What would help me increase my confidence? \_\_\_\_\_

\_\_\_\_\_

Date/time for telephone follow-up: \_\_\_\_\_

Date/time for next appointment: \_\_\_\_\_

Other follow-up if needed: \_\_\_\_\_