

Name:

Date:

Your provider(s) today was (were): \_\_\_\_\_

Your Main Health Goal is: \_\_\_\_\_

Your One main thing to Change is: \_\_\_\_\_

**Change Plan:**

**Start:** Gather Supplies and Prepare for success.

**Early on:** Success is noticing.

**Remember:** Success Builds on Success.

Today:

Week One:

Week Two:

Week Three:

Week Four:

**Follow up:**

- You should follow up with your primary physician. Please schedule an appointment in the next few weeks.
- Someone may be calling to check in with you and see how you are doing with the changes you are making in the next two weeks.

<b>AREA</b>	<b><i>now/soon</i></b>	<b><i>future/later</i></b>
<b>Food:</b> timing/content/ portions		
<b>Movement:</b> duration/ frequency/type		
<b>Sleep:</b> timing/quality		
<b>Relaxation/Stress Management</b>		
<b>Fun/Play/Pleasure/Reward</b>		
<b>Mental Health:</b> attitude/ beliefs/identity		
<b>Environment/ Relationships/Resources</b>		
<b>Supplements</b>		
<b>Manual Medicine/ Acupuncture</b>		
<b>Labs/Other</b>		