Action Plan Form

My visit with _____
Date _____

Things we talked about/Things I need to do:

Action Plan

One goal I want to achieve that will improve my health:

One specific step I can take to achieve this goal:

What:

How Much:

When:

How Often:

How sure am I that I can do this?

1 2 3 4 5 6 7 8 9 10
Not sure Very sure

Sample Action Plan Form

My visit with: *Dr. Thomas*
Date: *June 15, 2009*

Things we talked about / Things I need to do:

Increase evening insulin dose from 20 to 25 units.

Make an appointment with the eye doctor. Call Main Street Ophthalmology at 555-9837.

Action Plan

One goal I want to achieve that will improve my health:
Lose 10 pounds with exercise and diet changes

One specific step I can take to achieve this goal:
Increase my exercise with regular walking.

What: *Walking*

How Much: *30 to 40 minutes*

When: *During my weekday lunch breaks; Sunday or Saturday morning in the neighborhood with my wife.*

How Often: *Four times a week*

How sure am I that I can do this?

1	2	3	4	5	6	7	8	9	10
Not sure									Very sure