

My visit with: \_\_\_\_\_ Date: \_\_\_\_\_

Things we talked about / Things I need to do:

**Action Plan**

A goal that will help me improve my health:

Steps I must take to achieve this goal:

What:

How much:

When:

How often:

You are very important to us and we are here to support you in achieving your health goals.  
We hope to celebrate your achievements during your next visit!