

My Action Plan



It's personal.

I won't give up because...

Write down the person or goal that means the most to you

Today's visit

Visit information

Today I saw _____

(Who cared for me today?)

because of _____

(Reason for visit)

Goals

For my next visit, I will try:



Healthy eating

- Avoid sugary drinks, such as soda and juice
- Eat breakfast everyday



Being active

- Make walking part of my daily routine
- Gardening or pulling weeds



Taking my medicine

- Take medication as prescribed
- Add a refill reminder to my calendar



Learning about my health

- Write down my family's health history to share with my doctor
- Schedule annual checkup



Other

- Ask my health care provider which vaccines are right for me
- If I smoke, ask a friend who smokes to quit together



DON'T FORGET!
Please bring this action plan to the next visit

My next appointment is:

Remember: you can do this!
And we're here to help

(Date)

(Time)



DON'T FORGET! Please bring this action plan with you to your next visit

My health care team

List the information for everyone on your health care team.

Office: _____
(Office name) (Street) (City, State, Zip)

_____ (Telephone) _____ (Email)

Names: _____ (Name, Title) _____ (Telephone) _____ (Email)

_____ (Name, Title) _____ (Telephone) _____ (Email)

_____ (Name, Title) _____ (Telephone) _____ (Email)

Health confidence meter

Check the box that best describes how confident you are about your health care goals and your Action Plan.



Provided as an educational resource by Merck

