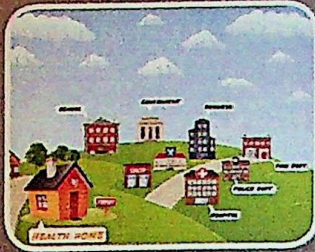


My Wellness Plan



Your Path to Wellness

My Wellness Plan

Name:

Today's Date:

Completion Date:

What's included in My Wellness Plan (check all that you want included in your plan):

- | | | |
|--|--|---|
| <input type="checkbox"/> Physical Activity | <input type="checkbox"/> Safety | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Eliminating Unhealthy Behaviors | <input type="checkbox"/> Healthy Relationships | <input type="checkbox"/> Balance/Stress |
| <input type="checkbox"/> Balanced & Nutritious Diet | <input type="checkbox"/> Emotional Wellbeing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Recommended Screenings | <input type="checkbox"/> Health Conditions | <input type="checkbox"/> Other _____ |

What I need to do for my health (include actions / goals for areas in your plan):



What I need help with from my Personal Health Partner:



What I need my Health Provider to do:



How I plan to stay on track:

Visit www.ratings.h3po.org to find websites that will help you track your goals and your activity.



I completed & signed My Wellness Contract