



# My Healthy Lifestyle

Self management goal form (17 years and under)

Patient name \_\_\_\_\_

Date of birth \_\_\_\_\_

Daytime phone # \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Today's date \_\_\_\_\_

Follow up time frame:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Goal setting

### 1. Choose an activity goal below:



Get more physically active!



I will eat more vegetables daily.



I will eat more fruit daily.



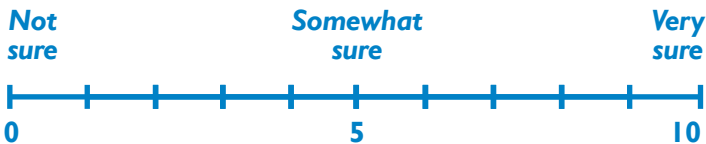
I will limit fruit juice to 4 oz. per day.



I will eat healthier snacks.

### 2. Choose your confidence level:

I think I can succeed at this goal:



### 3. Fill in the following for your chosen goal:

What: \_\_\_\_\_

\_\_\_\_\_

When: \_\_\_\_\_

\_\_\_\_\_

How much: \_\_\_\_\_

\_\_\_\_\_

How often: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Barriers to meeting goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
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