

Personal Health Plan

Name: _____

Date: _____

I. Overall Optimal Health

- a. What does Optimal Health mean to you?
How would you like to feel and look?

- b. What is most important to you as you think about your Overall Health?
List and/or describe at least 3 values that your vision represents.

- c. What concerns about your future health do you have based on your current health picture, your lifestyle and family history?

- d. If nothing changes in your health and well-being choices, what is your likely health scenario 5 to 10 years from now? What would the worst case scenario be?

- e. If you make significant health behavior changes, what is your likely health scenario 5 to 10 years from now? What would the best case scenario be?

III. Health Assessment

We view health as encompassing all areas of your life that contribute to your overall wellbeing. We've listed eight areas below that we consider to be particularly important to overall health. For each area below, please take a moment to consider where you are and where you would like to be. In each "current" box, briefly note the reasons you chose your number.

Professional Care: Prevention and Intervention

Routine screenings such as mammograms, prostate screenings, colonoscopies, pap tests, dental exams, along with prescribed use of vitamins and supplements; Following treatments recommended by your health care providers.

CURRENT – WHAT'S SO?

On a scale of 1 (low) - 10 (high), how would you rate this area of your life?

1 2 3 4 5 6 7 8 9 10

DESIRED STATES

Improvements, changes or enhancements.
What would make this area a "10" for you?

Eye Care: Prevention and Intervention

Routine and recommended eye exams, updating your glasses; Following treatments recommended by your eye care providers.

CURRENT STATE

On a scale of 1 (low) - 10 (high), how would you rate this area of your life?

1 2 3 4 5 6 7 8 9 10

DESIRED STATE

Improvements, changes or enhancements.
What would make this area a "10" for you?

Nutrition

Eating a balanced, healthy diet.

CURRENT STATE

On a scale of 1 (low) - 10 (high), how would you rate this area of your life?

1 2 3 4 5 6 7 8 9 10

DESIRED STATEImprovements, changes or enhancements.
What would make this area a “10” for you?**Movement, Exercise & Rest**

Activities of daily living like cleaning and gardening as well as walking, running, or cycling balanced with adequate rest and relaxation.

CURRENT STATE

On a scale of 1 (low) - 10 (high), how would you rate this area of your life?

1 2 3 4 5 6 7 8 9 10

DESIRED STATEImprovements, changes or enhancements.
What would make this area a “10” for you?**Relationships and Communication**

Spending time with family, friends and/or coworkers who are supportive and with whom you communicate effectively.

CURRENT STATE

On a scale of 1 (low) - 10 (high), how would you rate this area of your life?

1 2 3 4 5 6 7 8 9 10

DESIRED STATEImprovements, changes or enhancements.
What would make this area a “10” for you?

Spirituality

Seeing purpose and meaning in something larger than one's self; may include religious affiliation or other areas such as nature or the arts.

CURRENT STATE

On a scale of 1 (low) - 10 (high), how would you rate this area of your life?

1 2 3 4 5 6 7 8 9 10

DESIRED STATE

Improvements, changes or enhancements.
What would make this area a "10" for you?

Physical Environment

Spaces where you live/work (light, noise, color), as well as landscapes surrounding those spaces.

CURRENT STATE

On a scale of 1 (low) - 10 (high), how would you rate this area of your life?

1 2 3 4 5 6 7 8 9 10

DESIRED STATE

Improvements, changes or enhancements.
What would make this area a "10" for you?

Mindful Awareness

Awareness of the present moment; paying attention to what you are doing while you are doing it.

CURRENT STATE

On a scale of 1 (low) - 10 (high), how would you rate this area of your life?

1 2 3 4 5 6 7 8 9 10

DESIRED STATE

Improvements, changes or enhancements.
What would make this area a "10" for you?

Think about each health area below.

a. Rank them in terms of when you would like to begin working on each area.

1 = first; 9 = last. You may want to think about such factors as:

- i. Long-term importance of the area to you
- ii. Immediate benefits to accomplishing the change
- iii. Your current willingness to take on the challenge of the identified change

b. Place an ‘X’ in the column that indicates when you would like to begin working on that area in order to attain your Optimal Overall Health Vision, or bring the area to a ‘10’. If you don’t anticipate needing or wanting changes in any given area, place an ‘X’ in the last column.

Health Area	Rank	Within the next 3 months	Within the Next Year	Next 1-3 Years	No Further Changes Desired
Professional Care					
Eye Care					
Nutrition					
Movement, Exercise and Rest					
Relationships and Communication					
Spirituality					
Physical Environment					
Mindful Awareness					

