



NAME: _____ DATE: _____

WHAT IS HAPPENING NOW WITH MY LIFE THAT AFFECTS MY HEALTH:

WHAT ARE MY SKILLS AND POSITIVE TRAITS TO HELP ME STAY HEALTHY:

WHAT SUPPORTS DO I NEED TO HELP ME BE HEALTHY AND WELL:

What are supports that work well for me and what does not?

How do I learn best?

What helps me stay motivated?

What is the best way to encourage me?





Past Life Experiences

List things in the past that helped me be healthy and make good choices about my health

Moving Forward

List what needs to happen to improve my health, make healthy choices, and support my vision for a healthy life

Vision for Healthy Living

What do I want my healthy good life to look like?

My vision for a good life

What health issues am I having or am I worried about?

Are there diagnosis or disability specific concerns?

What is my vision around fitness, nutrition and wellness?

List things in the past that caused me to be unhealthy or make poor choices about my health

List things that might make it hard to reach my healthy living goals or make healthy choices

What I Don't Want

What are things I don't want to happen with my health?

What I don't want in my life

