

My Healthy Steps Visit Goals



Name: _____

Date: _____

Today my weight was: _____

My next visit is: _____

My healthy weight goal for next visit is: _____

Four pillars to a healthy lifestyle and keeping your house upright!

1. Diet
2. Exercise
3. Sleep
4. Behavioral health



Steps for our family:

1. _____

My/our *confidence level* in achieving this step on the confidence ruler is:



2. _____

My/our *confidence level* in achieving this step on the confidence ruler is:



3. _____

My/our *confidence level* in achieving this step on the confidence ruler is:



I discussed this plan with the Healthy Steps Team and commit to taking these steps today.

Patient/Parent Signature: _____