

How Can I Lose Weight?

Patient Name _____ DOB _____ CHART # _____



5-10 Fruits or Vegetables



Be Physically Active



Eat Smaller Portions



Limit Screen Time to 1Hour



Track Your Calories with My Fitness Pal App



Cope with Stress



No Fast Food



No Sugary Drinks Choose Water

My goal for the next month is (What I want to do. For example, start walking everyday):

My action plan is (Something I want to do right away):

One thing that could keep me from my goal and what I will do about it.

I will do this to make my success more likely.

How confident am I that I can reach this goal: Circle one

0	1	2	3	4	5	6	7	8	9	10
Not at all		A little			Somewhat confident			Very sure		Totally confident

Follow-up plan (how and when): _____