

Patty's PT Tips

My Wellness Plan

Date: _____

CATEGORY	SHORT TERM GOAL	LONG TERM GOAL	PLAN OF ATTACK
SLEEP			
NUTRITION			
PERSONAL HYGENE			
MENTAL HEALTH/FUN			

CATEGORY	SHORT TERM GOAL	LONG TERM GOAL	PLAN OF ATTACK
EXERCISE			
COMMUNICATION			
HOME SAFETY			
MOBILITY DEVICE(S)			
FINANCIAL PLANNING			