






MY ADD/ADHD ACTION PLAN

To improve my health, I will:

<p>Personal Goal</p> 	<p>Take my medication as directed</p> 
<p>Exercise</p> 	<p>Diet: Make Healthier food choices</p> 
<p>Have regular check ups</p> 	<p>2. Complete this box for the chosen activity:</p> <p>What: _____</p> <p>How Much: _____</p> <p>When: _____</p> <p>How Often: _____</p>
<p>3. Circle your confidence level:</p> <p>(Not sure) 1-2-3-4-5-6-7-8-9-10 (Very sure)</p>	<p>4. Barriers/Solutions:</p>
<p>Comments:</p>	<p>Handouts given to patient:</p>
<p>Patient /Parent Signature: _____ Provider Signature: _____</p> <p>Patient Name: _____</p> <p>Patient Birth Date: ___/___/___ Today's Date ___/___/___</p>	