

McLaren Print System Order

Order No: 7833 Reprint Previous Order No: 7821 Order Date: 2014-12-26 User: Sanya Beck Phone: 231.627.1446

Ship Location: Sanya Beck 6135 Cressy St Indian River, MI 49749

Forms Quantity: 500 Paragon Dept No: 76025 Dept Name: McLaren Northern - Indian River Medical Center Company Number: 810

Order Total Price: 77.00

Item Number: MM-34529 Item Description: Diabetes Self-Management Goal Contract Revision Date: 12/2011 Print: 1 sided full color Paper: 32# Color Copy Text Size: 8.5 x 11 Fold: Finish: Drill: None Misc Info:



Patient Name: Date: / /



One way I want to improve my health is (e.g., be more active)

When I will	do it (e.g., m	omings b	efore br	eakteat):				
Where I will	do trije.g., at	the park	¢					
How often I	will do it ju g	, Monda	y tru t	hunday)				
What might	get in the w	ey of my	plan (a	o. I have to	late the	(Million	to school or	e dayl:
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What I can	do about it (e	g, filch	oces da	iya when i da	on't take	them to	school):	
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						them to	school):	
	do about II (e ent am 1 that					them to	school):	
How confid		I can rea	ich this	goal circle		them to	school):	
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