



Date: ____ / ____ / ____
(month) (day) (year)

Your Initials: ____ / ____ / ____

Your Health Care Team and You Working Together: THE PREVENTION PRESCRIPTION

At your visit, we worked together to identify a number of important actions you can take to help prevent chronic disease. **This tool can be used to increase your understanding of the recommended guidelines for regular screening around some of the following potential lifestyle concerns and chronic diseases. Together, we can take steps to support and improve your health and well-being!**

| Screening For: | Your Status/Results | When to Re-Check | Referral's/Actions |
|-------------------------------|---------------------|------------------|--------------------|
| Cardiovascular Disease | | | |
| BMI | | | |
| WC | | | |
| Blood pressure | | | |
| Cholesterol | | | |
| Diabetes | | | |
| FBS/HbA1c | | | |
| Cancer Screening | | | |
| FOBT/FIT | | | |
| Sigmoidoscopy | | | |
| Colonoscopy | | | |
| Pap test | | | |
| Mammogram | | | |
| Lifestyle Concerns | | | |
| Physical activity | | | |
| Diet | | | |
| Alcohol | | | |
| Smoking | | | |
| Other lifestyle concerns: | | | |

Resources available to help you (websites, handouts etc.):

Your next prevention appointment is in ____ months with: _____

Your health care provider's signature: _____



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| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---------|---|---------------------|-----------|------------|-------|--------|--|
| | WAYS I CAN IMPROVE MY HEALTH – WHAT? (Set Your Goal) | WHAT WILL STOP YOU? | HOW MUCH? | HOW OFTEN? | WHEN? | WHERE? | RATE YOUR CONFIDENCE (Choose One per Goal) |
| Goal #1 | | | | | | | How Confident Am I That I Can Reach This Goal? <input type="radio"/> 0 – Not at all confident <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 – A little confident <input type="radio"/> 4 <input type="radio"/> 5 – Somewhat confident <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 – Very confident <input type="radio"/> 9 <input type="radio"/> 10 – Totally confident |
| Goal #2 | | | | | | | How Confident Am I That I Can Reach This Goal? <input type="radio"/> 0 – Not at all confident <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 – A little confident <input type="radio"/> 4 <input type="radio"/> 5 – Somewhat confident <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 – Very confident <input type="radio"/> 9 <input type="radio"/> 10 – Totally confident |
| Goal #3 | | | | | | | How Confident Am I That I Can Reach This Goal? <input type="radio"/> 0 – Not at all confident <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 – A little confident <input type="radio"/> 4 <input type="radio"/> 5 – Somewhat confident <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 – Very confident <input type="radio"/> 9 <input type="radio"/> 10 – Totally confident |