

Personal Wellness Plan

Patient Information

Name:

Age:

Gender:

Contact Number:

Email Address:

Health Assessment

Weight:

Height:

BMI:

Blood Pressure:

Other Health Data:

Wellness Goals

Short-Term Goal:

Long-Term Goal:

Physical Health Plan

Exercise Routine:

Dietary Changes:

Sleep Schedule:

Mental Health Plan

Stress Management:

Mindfulness Activities:

Therapy Sessions:

Emotional Well-being

Self-Care Activities:

Social Support:

Hobbies/Interests:

Lifestyle Adjustments

Work-Life Balance:

Time Management:

Other Changes:

Progress Tracking

Follow-up Appointments:

Wellness Journal:

Health Metrics:

Doctor's Signature

Name:

Date: