

Self-Care Checklist

Patient information

Name:

Date of birth:

Medical record number:

Self-care goals

Please discuss and set achievable self-care goals with the patient. These goals should align with their medical condition and overall well-being.

Short-term goals (1 – 3 month)

Long-term goals (6 months – 1 year)

Goal 1:

Goal 1:

Goal 2:

Goal 2:

Goal 3:

Goal 3:

Physical self-care

- ☐ Maintain a balanced diet by consuming fruits, vegetables, and whole grains.
- ☐ Exercise regularly.
- ☐ Get sufficient sleep.
- ☐ Manage stress through relaxation techniques (e.g., deep breathing, meditation).
- ☐ Avoid smoking and excessive alcohol consumption.
- ☐ Take prescribed medications as directed.

Emotional self-care

- ☐ Express emotions through journaling or talking with a trusted friend or therapist.
- ☐ Practice mindfulness and self-compassion.
- ☐ Engage in activities that bring joy and relaxation (e.g., hobbies, reading, music).
- ☐ Seek professional mental health support when needed.

Social self-care

- ☐ Nurture positive relationships with family and friends.
- ☐ Set boundaries to protect your well-being.
- ☐ Participate in social activities or support groups.
- ☐ Maintain open communication with loved ones.

Intellectual self-care

- ☐ Continue learning and challenging your mind (e.g., reading, puzzles).
- ☐ Set goals for personal or professional growth.
- ☐ Attend workshops or educational events.
- ☐ Stay updated on health-related information.

Spiritual self-care

- ☐ Engage in spiritual or religious practices that resonate with you.
- ☐ Reflect on your values and purpose.
- ☐ Find moments of gratitude and mindfulness in your daily life.

Additional recommendations

- ☐ Regular medical check-ups and screenings (e.g., blood pressure, cholesterol).
- ☐ Follow specific self-care instructions related to your medical condition (if applicable).
- ☐ Stay hydrated (aim for _____ glasses of water per day).
- ☐ Practice good hygiene and skincare routines.
- ☐ Use sunscreen and protect your skin from UV radiation.

Progress tracking**Date of next check-in:****Notes on progress and challenges:****Resources and support****Patient signature:****Date:****Healthcare provider signature:****Date:**