

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 months):

Goal 1:

Goal 2:

Goal 3:

Long-Term Goals (6 months - 1 year):

Goal 1:

Goal 2:

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: _____