MY GOALS

☐ Lose ____________% of body weight or ____________ pounds by ______________ (date)
  Who will encourage me: _____________________________________________________________

☐ Record weight at least once per week for ____________ weeks

☐ Record food intake every day for ____________ days
  □ Target calories per day: ____________________ □ Target carb grams per day: ____________________

☐ Record daily physical activity for ____________ weeks
  Target minutes/week: □ 250 □ 300 □ Other: ____________________

☐ Other: ____________________________________________________________

RESOURCES AND FOLLOW-UP

Recommended online resources:
• www.intermountainlivewell.org
• www.intermountainhealthcare.org/wellness
• www.intermountainhealthcare.org/weight
• www.choosehealth.utah.gov
• www.ChooseMyPlate.gov
• www.weightwatchers.com

Referral contact information, if needed:
____________________________________________________________
____________________________________________________________

Report or follow up: In _____ weeks / months with ____________________________