

# **GOAL SUMMARY FOR DOCTOR VISITS**

The best way to improve your health is by being an active participant. Complete this form during and between each visit with your Parkinson's doctor or other healthcare professionals on your wellness team. Record your action steps and progress between visits. Review your results with your wellness team at each visit.

***My goals for today's visit (date) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ are:***

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Action steps I will take to meet these goals are:***

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**EVERY VICTORY COUNTS**



2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Progress I have made toward these goals:*

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



 *Obstacles or areas for improvement needed to reach these goals are:*

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MAKE A FILE FOR COPIES OF THIS AND OTHER FORMS TO REFER BACK TO AS MARKERS OF YOUR TREATMENT OVER TIME.**