

My Life • My Health • My Goals

My 4Ms

Health is a team effort, and YOU are in the driver's seat! Complete the 4Ms below and take this sheet with you to your next healthcare visit. Look at your answers before each visit and see if they change over time.

PREFERRED NAME: _____

WHAT MATTERS

Take a moment and think about who you are and what you are facing right now, what is the most important thing that comes to mind?

MEDICATION

Are there any medications that you feel unsure about why you are taking them, or how to take them? List your concerns and questions.

MIND

List two things you do that help you relax, stay calm and be positive. How do you keep your mind active?

MOBILITY

Set an achievable daily mobility goal for yourself.

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