



# My Personalized Plan

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**The necessary lifestyle changes I need to make to achieve my goals are:**

## **Healthful eating habits/nutrition:**

- Eat more fresh fruits and vegetables
- Choose whole grains
- Have fewer foods out of a bag or box
- Eat a rainbow of colors
- Choose complex carbs over simple carbs
- Mediterranean diet
- Vitamin D3 supplement (2000 IU daily)
- Protein and calcium throughout the day

*My specific action/goals:*

## **Beverages:**

- Drink 60-80 ounces of water every day
- Limit caffeine, as every ounce of caffeine takes away an ounce of water
- Consume fewer than 7 alcoholic drinks per week

*My specific action/goals:*

## **Physical activity:**

- 10,000 steps a day
- Healthy balance between cardio and strength training
- Add weight-bearing exercises
- Decrease sitting time
- Attention to balance and flexibility (tai chi and yoga)

*My specific action/goals:*

## **Managing stress:**

- Deep breathing 4 times daily
- Meditation
- Yoga (yin or gentle stretch)
- Make time for myself every day (hobby for 20+ minutes)
- Laugh and connect with others

*My specific action/goals:*

### Sleep habits:

- Same bed and wake time every day
- No screen time 1 hour before bed
- Use eye mask or room-darkening shades

*My specific action/goals:*

- Avoid alcohol and snacks 3 hours prior to bedtime
- Keep pets off the bed while sleeping
- If awake and unable to fall back to sleep — go to another room and practice gratitude and deep breathing

### Relationships/Connection:

- See friends
- Volunteer
- Designated family time

*My specific action/goals:*

- Join groups with the same interests
- Embrace religious and/or spiritual connections
- Participate in community events

The challenges I see in taking these actions for my health and wellness are:

I will overcome these challenges by (e.g., sharing my goals with a family member/friend, better time management, etc.):

Additional notes/questions/follow-up:

Visit [spectrumhealth.org/womenswellness](https://spectrumhealth.org/womenswellness) for expert resources on common conditions and to sign up for our e-newsletter.

## Preventive Care Screenings Due:

Pap Smear: \_\_\_\_\_ Mammogram: \_\_\_\_\_ Bone Density (DEXA): \_\_\_\_\_

Colonoscopy: \_\_\_\_\_ Cardiology: \_\_\_\_\_

## Pelvic Floor Physical Therapy and Dietitian Services

PFPT Procedure Code: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

Dietitian Service Code: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

## Procedure/Surgical Treatment Plan:

Procedure or surgery identified for treatment\*\*: \_\_\_\_\_

CPT Code: \_\_\_\_\_  Outpatient *or*  Inpatient \_\_\_\_\_ days typically

Physical restrictions: \_\_\_\_\_

Return-to-work guidelines: \_\_\_\_\_

*\*\* Our pricing estimate specialists will assist you in calculating your expected out-of-pocket expenses. Spectrum Health offers extended payment plans with no interest for up to 60 months. To help you financially plan for your surgery, please call our **Price Estimates Team at (616) 774-7595 or toll free (866) 542-7909 and select Option 2.** You may also email [price.estimate@spectrumhealth.org](mailto:price.estimate@spectrumhealth.org) to request an estimate or a phone call.*