

# My Health Goals

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

My provider has recommended that no use of alcohol or other drugs is the safest choice for me at this time of my life.

**My health goal(s) and next step(s) are:**

**My strengths and supports (*what I think will help me to be to be successful*):**

**What challenges might I face with meeting my goal(s) and my ideas for overcoming these challenges:**

**How will meeting this goal affect the things that are most important to me?**

**Other things I might check out or explore:**

**Follow Up Plan (Provider completes the following):**

Follow-up date: \_\_\_\_\_ Time: \_\_\_\_\_

Provider Name(s): \_\_\_\_\_

Follow-up Platform (E.g. phone call, zoom, in-person): \_\_\_\_\_

If it is an emergency, I know that I can call 911 or the Colorado Crisis Line at 1-844-493-8255 or Text "TALK" to 38255.