



Peer Assistance Services

Self Status Wellness Plan Taking Responsibility for my Self-Care

Month submitted for: _____

Name (Please Print): _____ From: _____ To: _____

“Time and health are two precious assets that we don’t recognize and appreciate until they are depleted.” – Denis Waitley

Below, check the boxes that you are focusing on this month.

- | | | |
|---|---|--|
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> Smoking Cessations | <input type="checkbox"/> Finances |
| <input type="checkbox"/> Sleep | <input type="checkbox"/> Exercise/Activities | <input type="checkbox"/> Relationships |
| <input type="checkbox"/> Weight Management/
Healthy Eating | <input type="checkbox"/> Wellness Check/
Immunizations | <input type="checkbox"/> Mental Health |

1) List your top priority for health improvement this month.

2) Identity two actions to meet your top health priority as listed above.

3) Describe two benefits of making healthy changes.

4) Describe a positive change to your health that you have already implemented and sustained.

Resources:

American Dental Association Health & Wellness: <http://www.ada.org/4497.aspx>
Wellness for nurses: <http://topics.nurse.com/well+nurse/>
Pharmacists Recovery Network: <http://www.usaprn.org/>

Signature: _____

Date: _____

Email: reports@peerassist.org

Reports may be submitted via:
Fax: Last name A-L 720.213.1007
Last Name M-Z 720.213.0002

Mail: Peer Assistance Services
2170 S. Parker Road, Suite 229
Denver, CO 80231

In Person: Peer Assistance Services, Inc.
2170 S. Parker Road, Suite 229
Denver, CO 80231

or Peer Assistance Services, Inc.
200 Grand Avenue, Suite 270
Grand Junction, CO 81501