

I Can Do It: My plan to take charge of my life

A LONG LII L	Name	. Date	
1. What's bothering me:			
2. I want to b	e able to:		
2 T- 4-11			
	rge, I need to: people:		
B) Get this medi	cal information:		
C) Get other info	ormation:		
	e is:		
1 want to ta	ke care of this problem by this date:		
5. What is lik	ely to get in the way is:		
6. To make sure I succeed, I am going to ask for help from:			

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7. My progress is:			
Date/Time	Steps taken to learn and deal with my problem		
8. I will review my progress with (name):		When:	
Patient	Wit	ness	