

WELLNESS PLAN FOR _____

Date:

Any specific data:

Ongoing recurrent symptoms:

Treatment plan:

1) Treatment of underlying physical issues with orthodox and alternative and self-help means:

(be specific to your own needs)

Pain & headaches:

Post-Exertional Malaise:

Cognitive difficulties:

Orthostatic intolerance:

Digestive problems:

Sleep:

Hormones and endocrine:

Mental health:

Further areas of investigation:

2) Pacing

Next Steps:

3) Stress Management and sensitivity issues

Next Steps:

4) Acceptance

Next Steps:

5) Nutrition

Next Steps:

6) Sleep

Next Steps:

7) Restorative movement

Next Steps:

8) Building a support network

Next Steps:

9) Finances and housing

Next Steps:

10) Spiritual

Next Steps:

WHERE WOULD YOU LIKE TO BE IN 3 YEARS FROM NOW?

(Without attachment)