



PATH

Personal Action Toward Health
The Stanford Chronic Disease Self-Management Program

My Name _____

My Date of Birth ____ / ____ / ____

Today's Date _____

Dear Health Care Providers,

I am attending a Personal Action Toward Health (PATH) workshop to help me better manage my health. I am sending you this form to share what I have learned about my health and how to better self-manage my health.

I went to the PATH workshop because: _____

The best thing about the PATH workshop for me is: _____

I would recommend this workshop to family and friends.

In the workshop, I learned how to set a weekly action plan that was achievable, action-specific and something I want to do. I made this action plan for the next six months:

My Six-Month Action Plan

Long-term goal: _____

Specific action step: _____

How much/often? _____ **When?** _____

Confidence Level (0-10): ____

This letter will be sent to the provider you list below.

My health care provider's name and address is: _____

For more information about the PATH program, please visit www.mihealthyprograms.org or contact the Michigan Arthritis Program at:

Phone: 517-335-1236 Fax: 517-335-9461 info@mihealthyprograms.org