

**Salud Y Vida**

**DSME Class Session 6**

**Weekly Action Plan**

Name: \_\_\_\_\_

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

**This week I promise to:**

\_\_\_\_ Review my medication.

\_\_\_\_ Ask my doctor or pharmacist about the medical prescription.

\_\_\_\_ Read the medication labels and review the side effects.

\_\_\_\_ Follow my medication regimen as prescribed



**Check one or more from here.**

\_\_\_\_ Check my feet every day.

\_\_\_\_ Make an appointment with the podiatrist.

\_\_\_\_ Make an appointment with the eye doctor for an examination.

\_\_\_\_ Schedule an appointment with the dentist for cleaning and checkup.

\_\_\_\_ Ask the doctor about my blood pressure and what it means.

\_\_\_\_ Lifestyle and manage my diabetes/hypertension by being smoke free.

\_\_\_\_ Other: \_\_\_\_\_

If I achieve my goal, I will reward myself with:

\_\_\_\_\_

Signature: \_\_\_\_\_

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