



## Prescription for Health

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

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



You hold the keys to your health. Below are options to help you get to your destination of better health.

### Immunizations:

- Influenza     Pneumonia     Tetanus     Zoster

### Education:

- Blood Pressure Self-Monitoring       Pain Management  
 Chronic Disease Management       Smoking Cessation  
 Colorectal Cancer Screening  
 Diabetes  
 Medication Management  
 Nutrition

### Notes:

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

