



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

DOB: \_\_\_\_\_

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Honolulu, HI 96814

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### My Health Goals

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

	Name	Contact
Nurse Practitioner:		808 953-2502
Dietitian:		808 953-2502
Care Manager:		
Social Worker:		
Therapist:		

My Health Goal: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Action(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Who will help me? \_\_\_\_\_

My Health Goal: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Action(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Who will help me? \_\_\_\_\_

My Health Goal: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Action(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Who will help me? \_\_\_\_\_