

Behavioral Health Planning Form
Medical College of Georgia
“Putting Patient/Family Centered Care and Recovery into Practice”

Name: _____ Date: _____

Welcome to our clinic.

**This form can help you take an active role in your care with us.
Please take a few minutes to fill it out and give it to your doctor or therapist as
a part of your visit today.**

Tell us what your goals are:

Help us make your life goals the focus of your care. Please write down one or two ways that you want your life to be better.

Be specific.

Think of something that you would enjoy or something that would give you a sense of meaning and purpose.

Examples: “I want a job.” “I would like to be able to go out with friends.” “I want to enjoy doing things with my child.” “I want to have more meaningful and fulfilling relationships.”

Goal 1: _____

Goal 2: _____

Would you have an interest in also meeting with a Peer Specialist?

Yes ___ No ___

A peer specialist is a person who has lived with mental health problems and learned skills to live well. The peer specialist can work with you one on one or in a support group.