

**McLaren Print System Order**

Order No: 6676  
 Order Date: 2014-10-22  
 User: Angela DeLaRosa  
 Phone: 3720 Katalin Ct, Suite 201 (989) 893-9705


Ship Location: McLaren Bay Region Family Medicine/Attn Angela DeLaRosa  
 3720 Katalin Ct  
 Bay City, MI 48706

**Forms**

Quantity: 100  
 Paragon Dept No: 60841  
 Dept Name: McLaren Medical Group  
 Company Number: 810

Order Total Price: 17.90

Item Number: MM-34617  
 Item Description: My ADD/ADHD Action Plan  
 Revision Date:  
 Print: 1 sided full color  
 Paper: 32# Color Copy Text  
 Size: 8.5 x 11  
 Fold:  
 Finish:  
 Drill: None  
 Misc Info:

MY ADD/ADHD ACTION PLAN To improve my health, I will:	
Personal Goal 	Take my medication as directed 
Exercise 	Diet: Make Healthier food choices 
Have regular check ups 	2. Complete this box for the chosen activity: What: _____ How Much: _____ When: _____ How Often: _____
3. Circle your confidence level. (Not sure) 1-2-3-4-5-6-7-8-9-10 (Very sure)	4. Barriers/Solutions:
Comments:	Handouts given to patient:
Patient/Parent Signature: _____ Provider Signature: _____	
Patient Name: _____	
Patient Birth Date: ___/___/___ Today's Date: ___/___/___	