



Restoration Prescription

Name _____ Date of Birth _____

Goals _____

Assessments and Follow-Up:

Self-Care Questionnaire Score _____ Previous Score _____

Character Strengths (VIA)

Top three strengths _____

Goal Setting for Behavior Change

Practicing Gratitude with the IFM Gratitude Journal

Restoration Plan:

	Recommended Activity	Frequency (daily, weekly, etc.)	Length of Time (minutes)	Comments
Self-Awareness/ Mindfulness				
Meditation				
Guided Imagery/ Visualization				
Relaxation Exercises				
Breathing Techniques				
Other:				

Comments _____

Recommended by _____ Date _____