

Personal Health Self-Management Plan



Date Prepared: _____ Client/Patient Identifier: _____

General Recommendations	Agreed Priority	Client's Decision	Action Time Frame	Client's/Patient's Agreed Actions	Comments
		1. Agree 2. Disagree 3. Undecided 4. NA			
		1. Agree 2. Disagree 3. Undecided 4. NA			
		1. Agree 2. Disagree 3. Undecided 4. NA			
		1. Agree 2. Disagree 3. Undecided 4. NA			
		1. Agree 2. Disagree 3. Undecided 4. NA			
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Client/Patient Name: _____ Client/Patient Signature: _____

Service Provider Name: _____ Service Provider Signature: _____ Page: _____ of _____