

# Personal Health Self-Management Plan



Date Prepared: \_\_\_\_\_

General Recommendations	Priority	Decision	Action Time Frame	Agreed Actions	Comments
		1. Agree 2. Disagree 3. Undecided 4. NA			
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		1. Agree 2. Disagree 3. Undecided 4. NA			
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Patient Name: \_\_\_\_\_ Patient Signature: \_\_\_\_\_ Patient Identifier: \_\_\_\_\_

Service Provider Name: \_\_\_\_\_ Service Provider Signature: \_\_\_\_\_ Page: \_\_\_\_\_ of \_\_\_\_\_