

Personal Health Self-Management Plan



Date Prepared: _____

General Recommendations	Agreed Priority	Patient's Decision	Action Time Frame	Patient's Agreed Actions	Comments
Manage medications effectively		1. Agree 2. Disagree 3. Undecided 4. NA			
Do specific treatment activities		1. Agree 2. Disagree 3. Undecided 4. NA			
Monitor and act on symptoms		1. Agree 2. Disagree 3. Undecided 4. NA			
Attend services and appointments		1. Agree 2. Disagree 3. Undecided 4. NA			
Manage triggers and risk factors		1. Agree 2. Disagree 3. Undecided 4. NA			
Manage healthy lifestyle factors		1. Agree 2. Disagree 3. Undecided 4. NA			

Patient Name: _____ Patient Signature: _____ Patient Identifier: _____

Service Provider Name: _____ Service Provider Signature: _____

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