

# Personal Health Self-Management Plan



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

General Recommendations	Agreed Priority	Client's Decision	Action Time Frame	Client'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			
		1. Agree 2. Disagree 3. Undecided 4. NA			

Client Name: \_\_\_\_\_ Client Signature: \_\_\_\_\_ Client Identifier: \_\_\_\_\_

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