

Client Personal Self-Management Plan

Client Identifier: _____ Date Prepared: _____

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: _____ DOB: _____ Client Signature: _____



Clinician Name: _____ Clinician Signature: _____ Page: ____ of ____