Patient Personal Self-Management Plan

Date Prepared:	Patient Identifier:
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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		 Agree Disagree Undecided NA 			
Manage triggers and risk factors		 Agree Disagree Undecided NA 			
Manage healthy lifestyle factors		1. Agree 2. Disagree 3. Undecided 4. NA			

Patient Name:	Patient Signature:	HEALTHCHANGE Inspired Behaviour Change Methodology
Provider Name:	Provider Signature:	Page: of

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Recommendations	Agreed Priority	Patient's Decision	Action Time Frame	Patient's Agreed Actions	Comments
		 Agree Disagree Undecided NA 			
		 Agree Disagree Undecided NA 			
		 Agree Disagree Undecided NA 			
		 Agree Disagree Undecided NA 			
		 Agree Disagree Undecided NA 			
		 Agree Disagree Undecided NA 			

Patient Name:	Patient Signature:	** Inspired ** Behaviour Change Methodology		
Provider Name:	Provider Signature:	Page:	_ of	