

Patient Personal Self-Management Plan

Date Prepared: _____ Patient Identifier: _____

Recommendations	Agreed Priority	Patient's Decision	Action Time Frame	Patient'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			
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Patient Name: _____

Patient Signature: _____

Provider Name: _____

Provider Signature: _____



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