

# Personal Self-Management Plan

Date Prepared: \_\_\_\_\_ Client/Patient Identifier: \_\_\_\_\_

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

Client/Patient Name: \_\_\_\_\_ Client/Patient Signature: \_\_\_\_\_

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