

Personal Health Self-Management Plan



Date Prepared: _____

General Recommendations	Agreed Priority	Client's Decision	Action Time Frame	Clients 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		1. Agree 2. Disagree 3. Undecided 4. NA			
Manage triggers and risk factors		1. Agree 2. Disagree 3. Undecided 4. NA			
Manage healthy lifestyle factors		1. Agree 2. Disagree 3. Undecided 4. NA			

Client Name: _____ Client Signature: _____ Client Identifier: _____

Service Provider Name: _____ Service Provider Signature: _____

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