

# Personal Health Self-Management Plan

Date Prepared: \_\_\_\_\_ Client Identifier: \_\_\_\_\_

General Recommendations	Agreed Priority	Client's Decision	Action Time Frame	client'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		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: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_



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		1. Agree 2. Disagree 3. Undecided 4. NA			
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Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_



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