

Patient Personal Self-Management Plan

Date Prepared: _____ Patient Identifier: _____

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		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			

Patient Name: _____

Patient Signature: _____

Provider Name: _____

Provider Signature: _____



Page: ____ of ____

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Patient Name: _____

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Page: ____ of ____