

Personal Self-Management Plan

Client Name: _____

Clinician: _____ Date Prepared: _____



Referral, Lifestyle & Treatment Recommendations	Priority	Client's Decision	Action Time Frame	Client's Agreed Actions	Comments
		1. Yes 2. No 3. Undecided 4. NA			
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1. Enter all referral, lifestyle and treatment categories (macro level recommendations) relevant to the consultation
2. Collaboratively prioritise (number) the categories (balancing evidence-based duty of care with the client's personal needs)
3. Enter client's agreement or otherwise to act on each recommendation
4. Document client's personalised behavioural goals relevant to each category where personalised goals are established
5. Add comments as required. Use an additional page if required

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