








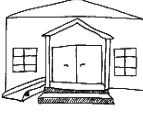
# My Health Action Plan






 **My Name:**  **dob:**

 **My address**


 **Tel:**

 **GPs Name:**  **Address**


 **Tel:**

 **Key Supporting Person** 

**How I communicate:**

 **Date Completed.....**

.....

|  Medication | Dosage | Frequency |
|--|--------|-----------|
|  |        |           |
|  |        |           |
|  |        |           |

**Known side effects** **Known allergies:**

.....

.....

.....

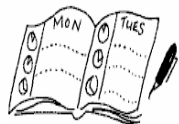
**Date Medication Reviewed:.....Reviewed by:.....**



# My Health Action Plan



| Health Issues identified | Action Plan (Things to do) | By & When<br>(Person to do the things identified & timescale) | Review Date |
|--------------------------|----------------------------|---|-------------|
|                          |                            |   |             |
|                          |                            |   |             |
|                          |                            |   |             |
|                          |                            |   |             |
|                          |                            |   |             |
|                          |                            |   |             |
|                          |                            |   |             |
|                          |                            |   |             |
|                          |                            |   |             |
|                          |                            |   |             |



Date of Reviewing Overall Health Plan:.....

Review By:.....

This Health Action Plan is Private



# My Health Action Plan

PHOTOGRAPH

1. The following people can look at it and talk about it with me

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.....

2. This Plan should be kept in a safe place/ locked cupboard & a copy should be kept by my GP

3. Please update my plan with me on a regular basis.

4. I have contributed and agreed to all issues raised

Sig.....Name.....Date.....

