Health Action Plan

Name: _____

Date of Birth: ____/____/_____

Private

To be kept safe

My Health Plan

STOP – have you had an annual health check from your doctor or nurse? You should have one of these before starting to fill this plan out.

STOP – you need to choose someone who will help you fill this plan out and help you to keep it up to date and support you in taking action:

My Health Action Plan Supporter is:

Name: _____

Contact Details: _____

_____

_____

You can use this plan to help you record information which is important and useful to you in managing your health and any long term conditions you may have.

What it might help others to know about me:

This section is for recording details of my personality, likes and dislikes to help inform health professionals and others about how I like to be treated.

_____

_____

_____

_____

_____

_____

Personal Information

Name: _____

I like to be known as: _____

Date of birth: _____

Address: _____

_____

Telephone Number: _____

NHS Number: _____

Allergies: _____

Ethnic origin / religion: _____

My first language is / How I communicate:

_____

_____

The main person involved in supporting my Healthcare is:

_____

Their telephone Number: _____

Other people who know me well: _____

_____

_____

GP (Doctor): _____

Address: _____

_____

Telephone Number: _____

My Medication

Medication 	What is the medication for?	Dose and Frequency (How often do you take it?)	When was this medication reviewed?	Date medication stopped

Diary of Health Appointments

GP (Doctor) and Practice Nurse Appointments

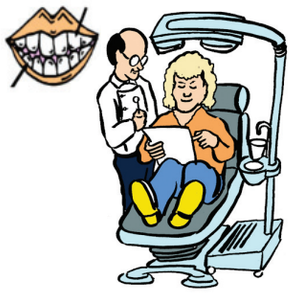
GP name: _____

GP address: _____

GP phone number: _____

Date	Time	Reason for attending Why did you visit your GP?	Report / Outcome What happened? What issues were identified?
		MY ANNUAL HEALTH CHECK	

Diary of Health Appointments



Dentist Appointments

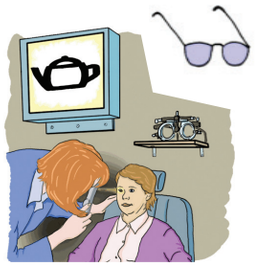
Dentist name: _____

Dentist address: _____

Dentist phone number: _____

Date	Time	Reason for attending Why did you visit your Dentist?	Report / Outcome What happened? What issues were identified?

Diary of Health Appointments



Eye Appointments

Optician name: _____

Optician address: _____

Optician phone number: _____

Date	Time	Reason for attending Why did you visit your Optician?	Report / Outcome What happened? What issues were identified?

Diary of Health Appointments

Hospital Appointments

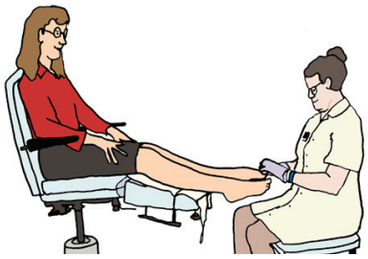
Consultant (Doctor) name: _____

Consultant address: _____

Consultant phone number: _____

Date	Time	Reason for attending Why did you visit your Optician?	Report / Outcome What happened? What issues were identified?

Diary of Health Appointments

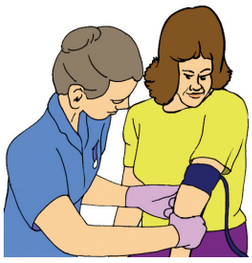


Other Health Appointments

eg: Podiatry, Chiropody, Hospital Specialist, Psychology, Psychiatry.

Date	Time	Reason for attending Why did you visit?	Report / Outcome What happened? What issues were identified?

Diary of Health Appointments

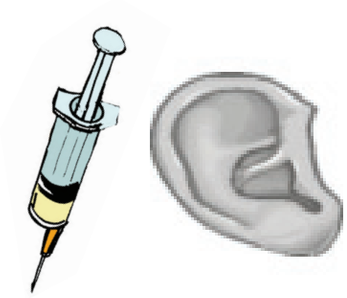


Blood Pressure, Pulse, Weight

Write in each time you have your Blood pressure, pulse or weight measured.

Date	Blood Pressure	Pulse	Weight

Diary of Health Appointments



Other Health Checks

eg: Blood tests, Hearing test, Breast check, Cervical Smear, Prostrate Checks, Testicular Checks

Date	Time	Reason for attending Why did you visit?	Report / Outcome What happened? What issues were identified?

Health Action Plan

When writing your Health Action Plan think about all the information before this page and:

Your eyes

Your ears

Your feet

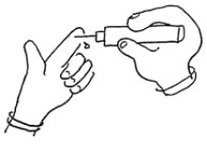
Your teeth

Your weight

Going to the toilet

The food you eat

Diabetes



Epilepsy

Sexual Health

Mental Health

Health Action Plan

Name / describe the health issue:

_____

To improve my health I want to achieve the following
OUTCOMES / GOALS:

1. _____
2. _____
3. _____

To achieve my goals I will take the following
ACTION

By When /
How Often?

1. _____ _____
2. _____ _____
3. _____ _____

To achieve my goals I will need the following
SUPPORT

By Whom /
How Often?

1. _____ _____
2. _____ _____
3. _____ _____

In order to check my progress we will
REVIEW

Location

Date of review _____ _____

Health Action Plan

Name / describe the health issue:

_____

To improve my health I want to achieve the following
OUTCOMES / GOALS:

1. _____
2. _____
3. _____

To achieve my goals I will take the following
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Health Action Plan

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How Often?

1. _____ _____
2. _____ _____
3. _____ _____

To achieve my goals I will need the following
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By Whom /
How Often?

1. _____ _____
2. _____ _____
3. _____ _____

In order to check my progress we will
REVIEW

Location

Date of review _____ _____

SUMMARY: My Health Issues/ Long Term Conditions are:

Name of the Condition e.g. Epilepsy, diabetes, Mental health, Sickle Cell Anaemia, Asthma	How does this effect me?	What is my number one Goal ?	What is the first action I have agreed to take?
1.			
2.			
3.			
4.			
5.			
6.			

THIS PLAN WILL BE REVIEWED AT LEAST ANNUALLY

Date: _____ **Location:** _____

Any Other Information

Any Other Information

Developed in partnership by
NHS South West Essex and Essex County Council

NHS
South West Essex

Essex County Council