

# My Health Action Plan

What I need to do  
to keep healthy



# About My Health Action Plan



My doctor will fill in this health action plan with me after my annual health check



This plan tells me what I need to do to keep healthy



This plan is private and confidential this means no one is allowed to look at it without me saying they can



This plan should be kept in a safe place



A copy should be kept by my doctor

# About My Health Action Plan



I agree that these people can look at my plan and talk about it with me

Click or tap here to enter text.



These people will help me to keep my plan up to date

Click or tap here to enter text.

# About me



My name

Click or tap here to enter text.



My date of birth

Click or tap here to enter text.



My address

Click or tap here to enter text.



My Phone  
Number

Click or tap here to enter text.

# About me



My doctors  
name

Click or tap here to enter text.



My doctors  
address

Click or tap here to enter text.



My doctors  
phone number

Click or tap here to enter text.

# About me



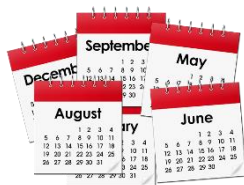
Name of my  
main carer

Click or tap here to enter text.



How I like to  
communicate

Click or tap here to enter text.



Date this form  
was completed

Click or tap here to enter text.

# My Medication



| Medication name                  | Dose                             | When I take it                   |
|----------------------------------|----------------------------------|----------------------------------|
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Dose** means how much medication you take

# My Medication



Side effects I get from my medication

Side effects are effects medicine can have on your body that are not wanted

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.



# My Medication



Allergies I have

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.



Date my medication was reviewed

Name of the doctor who reviewed my medication

Click or tap here to enter text.






Click or tap here to enter text.

**Reviewed** means checked



# My Health **Action Plan**



## What I need to do to keep healthy

|  <br>Health issues | <br>What needs to be done | <br>Who is going to do it and when | <br>Review date |
|--|---|---|--|
| Click or tap here to enter text.   | Click or tap here to enter text.  | Click or tap here to enter text.  | Click or tap here to enter text.   |
| Click or tap here to enter text.   | Click or tap here to enter text.  | Click or tap here to enter text.  | Click or tap here to enter text.   |
| Click or tap here to enter text.   | Click or tap here to enter text.  | Click or tap here to enter text.  | Click or tap here to enter text.   |

# Review date



I helped to write my health action plan.  
I understand and agree with what has been written.

|  |   |
|--|---|
|  <p><b>Signature</b></p> | <p>Click or tap here to enter text.</p> |
|  <p><b>name</b></p>     | <p>Click or tap here to enter text.</p> |
|  <p><b>date</b></p>     | <p>Click or tap here to enter text.</p> |

# Review date



## Date of reviewing health action plan

Click or tap here to enter text.



Name of person health action plan was reviewed with

Click or tap here to enter text.