

Date:

Version:

*(Insert photo of person
for who the plan is
about.....)*

My Health Action Plan

My Health Needs and what can go wrong

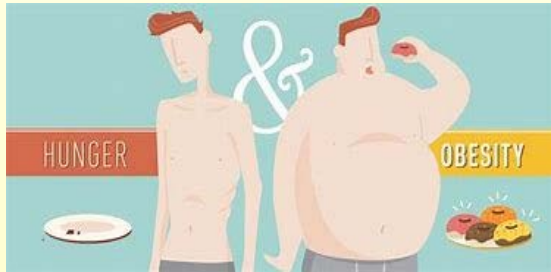
- *(add/insert/change pictures)*



I have *(delete/add as appropriate)*

- Diabetes
- Hypertension

- *(add/insert/change pictures)*



I am at risk of the following *(delete/add as appropriate)*

- Obesity / Malnutrition
- Dehydration
- Constipation
- Choking

To stay healthy I need ...

- *(add/insert/change pictures)*



- *(add/insert/change pictures)*



I need to *(delete/add as appropriate)*

- Take my medication
- Drink 2 litres of fluids a day
- Visit the doctor when I am not well
- Have an annual health check, even if I am well

To make my health better I need ...

- *(add/insert/change pictures)*



- *(add/insert/change pictures)*



I need to:

- Have my blood pressure taken daily
- Go for a walk every day
- Go the Gym

- Plan my meals
- Eat healthy food and snacks
- Have my food cut up/soft diet

To do all this I need ...



I need my key worker/carer to:

(delete/add as appropriate)

- Help me budget
- Help me write



I also need:

(delete/add as appropriate)

- An eating plan
- An exercise plan
- Bowel monitoring
- Support when eating and drinking

Go Ahead



1. The following people can look at my Health Action Plan and talk about it with me:
 -
 -
 -
2. My Health Action Plan should be kept in a safe place/ locked cupboard & a copy should be kept by my GP.

Go Ahead



3. Please update my Health Action Plan with me on a regular basis.

4. The things I want have been put in my Health Action Plan.

Sign:

Name:

Date: