

# Personalized Care Plan

Date \_\_\_\_\_

Patient \_\_\_\_\_

Doctor \_\_\_\_\_

Chronic care manager \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

My preferred method to communicate with my chronic care manager is:  By phone  By secure email

The best time to call or email me is: \_\_\_\_\_

CURRENT MEDICINES	DOSE	TIMES TAKEN PER DAY	PROBLEMS WITH THIS MEDICINE

PAST MEDICAL HISTORY	HOSPITALIZATIONS (date, reason, and location)	SURGICAL HISTORY (date, reason, and location)

Other clinicians I see on a regular basis for health care (for example, a heart specialist or a lung specialist) are:

\_\_\_\_\_

I follow a special diet plan (for example, a low-salt diet):  Yes  No

If yes, my special diet plan is: \_\_\_\_\_

CURRENT CHRONIC CONDITIONS

RECOMMENDATIONS FROM MY FAMILY DOCTOR TO CONSIDER FOR MY HEALTH GOALS

EXPECTED OUTCOMES AND PROGNOSIS

# My Action Plan

**My health goal:** The main thing I want to change about my health is: \_\_\_\_\_

**My action steps:** The top three things I can do to meet this health goal are:

(List steps in order of importance to you. Be realistic and specific.)

ACTION STEP	WHEN AND HOW OFTEN?	POTENTIAL PROBLEMS	SUPPORT/RESOURCES I NEED
1.			
2.			
3.			

RESOURCES FROM MY CHRONIC CARE MANAGER	
Educational handouts/websites	
Local educational classes	
Community resources	
Other	

On a scale from 1 (very uncertain) to 10 (very certain), the number that expresses my confidence that I can meet my health goal is: \_\_\_\_\_

Date and time for next follow-up with my chronic care manager: \_\_\_\_\_

Date and time for next appointment with my doctor: \_\_\_\_\_

Other follow-up (labs, preventive services, specialist visits, etc.): \_\_\_\_\_

*If you are hospitalized for any reason, we want to coordinate the care you receive. Please call our office (or have a family member or caregiver call) to notify your care team. Our office phone number is: \_\_\_\_\_*