

My health action plan

Date:

Version: 1

My current health **needs** and **risks**:

- Diabetes

Risk of complications due to diabetes: heart problems, stroke, blindness, kidneys, nerves in hands and feet.

Actions to **maintain** my health:

- Take medication
- Regular blood sugar check
- Blood pressure
- Cholesterol

Actions to **improve** my health:

- Eat a balanced diet
- Exercise
- Lose weight

Support to accomplish these

- Need to have an eating plan drawn up with support from my key-worker by end of June 2008
- Need to devise an exercise routine with my key-worker by end of June 2008
- Need support to take medication

Consent

The following people can look at My Health Action Plan and talk about it with me.

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- GP,
- Residential Key-worker

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

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.

Signature:

Name

Date

SAMPLE