



My Health Action Plan (Female)


ACTIONS FROM MY HEALTH CHECK

To be completed by my GP Surgery
(copy to be given or sent to patient and/or carer)

	<p>Name:</p> <p>Date of Health Check:</p> <p>Completed by:</p>
	<p>Do I need to see my doctor again?</p> <p>When?</p> <p>Why?</p>
	<p>Do I need to see anyone else?</p> <p>Who?</p> <p>Why?</p> <p>When?</p>
	<p>Things I need to do to keep healthy</p> <p>Who will help me?</p> <p>Name:</p>

continued overleaf.....

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	<p>Do I need an Advance Care Plan or a Treatment Escalation Plan?</p> <p>Who will do this with me and my family or carer?</p> <p>When?</p>
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