

NHS Cambridgeshire and NHS Peterborough working in partnership

Health Action Plan





Name:

Date of birth:

Private - keep this safe





STOP! Have you had an Annual Health Check? This is when your doctor or nurse checks that you are healthy. You should have this check before you start to fill in this Health Action Plan.



STOP! You need to choose someone who will:

- ✓ Help you fill in this plan.
- ✓ Help you keep the plan correct if your health changes.
- ✓ Support you to take action to make your health better.

My Health Action Plan Supporter is:
Name:
Phone:
Email:



You can use this plan to write down important information about your health. This plan will help you look after your health and any problems you may have that last a long time.





Personal Information

	Name:
Name	I like to be called:
TRIP IN	Date of when I was born:
Jasmin Baines 16 High Street Sunnyfield PTI 1AB	Address: My address is not on this plan. This is to help keep me safe.
	Telephone number:
This is your NHS Number 9 4 3 4 7 6 5 9 1 9 (This is an example number only)	NHS number:
NHS	ISIS number: Your doctor can give you these numbers.
	Race:
Mosque Church	Religion:
9	How I communicate:
	The language I speak:



Personal Information – my important contacts

	The person to contact in an emergency is:
Jasmin Baines 16 High Street Sunnyfield PTI 1AB	Address:
	Phone number:
GP Surgery	My Doctor / GP is:
Jasmin Baines 16 High Street Sunnyfield PTI 1AB	Address:
	Phone number:
	Other professionals involved in my care are: Name and Job: Address: Phone number:
	Name and Job:Address:Phone number:
	Name and Job:Address:Phone number:



My Medication

My Medication		
What is it for?		
How much do I take? How often do I take it?		
Date doctor last checked medication was still right for me		
Date medication stopped		



Health Action Plan

My health needs	What needs to happen	Who will help	Date to check need has been met



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	No.	1	3
Jane .	1		0
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This is a record of visits to my GP (Doctor)

GP Name:
GP Address:



GP Telephone:					
Date 12 13	Time	Why I visited my GP or Practice Nurse	What happened		





This is a record of visits to my optician

Optician Name:		
-		
Address:	 	



Telephone:_____

Telephone:				
Date 12 13	Time	Why I visited	What happened	



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This is a record of visits to my dentist

	Dentist Na	ame:		
asmin Baines				
6 High Street unnyfield T1 1AB	Address:			
	_			

1	

I elephone:					
Date Tuesday 12 13	Time	Why I visited	What happened		





This is a record of my visits to hospital

Date	Name of hospital	Why I visited	What happened
Monday Tuesday 12 13	Tiospital	Resistant of the second of the	Паррепец





This is a record of my other health visits

Who I saw		Why I visited	What
	12 13		happened

My Health problems / Problems I have had a long time

How this affects me	My number 1 goal	The support I will need	1 st thing I have agreed to do
			1 2 3

Health Tests

This is a record of my health tests:

Date	Blood pressure	Weight	Blood tests	Other
12 13				?



Any other information

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Voice Ability helped put this document into easy read.