

# My Health Action Plan



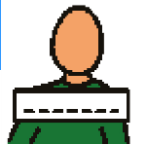
Name:

Date of Birth:

**Private - to be kept safe**

**I am happy for my Health Action Plan to be shared with health professionals YES/NO**

## Personal Information



My name:



I like to be known as:



My date of birth:



My address:

My address will not be listed for safety reasons



My phone number:



My NHS number:



My ethnic origin:



My religion:

How I communicate/What language I speak:

Contact Person (Next of Kin):

Address:

Phone Number:

My Doctor's name:

Address:

Phone Number:

Other professionals involved:



### My Health Action Plan

My Health Need	What needs to happen	Who will help	Review date
<b>Going to the Doctor</b>	<p>If I feel really ill I need to phone 999 for emergency help.</p> <p>I need to see the doctor once a year for a health check or more if the doctor says so.</p> <p>If I have difficulty getting an appointment with my doctor or understanding what he/she says I should phone the <b>Health Facilitation Team</b> on</p>		<p>Start date:</p> <p>Review date:</p>
<b>Going to the Dentist</b>	<p>My teeth should be looked after properly and checked by a dentist at least once a year.</p> <p><b>My dentist is:</b></p> <p><b>Address:</b></p> <p><b>Phone number:</b></p>		<p>Start date:</p> <p>Review date:</p>



### My Health Action Plan

<b>My Health Need</b>	<b>What needs to happen</b>	<b>Who will help ?</b>	<b>Review date</b>
<b>Going to the Optician</b>	I should have an eye test every 2 years. My optician will tell me if I need my eyes tested more often.  <b>My optician is:</b>  <b>He tests my eyes at:</b>  <b>Phone number:</b>		<b>Start date:</b>  <b>Review date:</b>
			<b>Start date:</b>  <b>Review date:</b>
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North East London



NHS Foundation Trust

### My Health Action Plan

My Health Need	What needs to happen	Who will help?	Review date
			Start date:  Review date:
			Start date:  Review date:
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			Start date:  Review date:



## Diary of My Health Appointments

**This is a record of my health appointments**

e.g. GP visit, eye test, dentist visit, blood tests, hearing test, breast check, cervical smear, prostate checks, testicular checks

Date and Time	Who I visited and why	What happened?