

My plan to stay well

Name:

My Goal:

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PHOTO

▶ Things I will do to reach my goal:

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▶ Things my health care team will do to help:

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.....

▶ People who can help me:

Name: Phone:

Name: Phone:

Name: Phone:

Name: Phone:

Name: Phone:

Name: Phone:

Name: Phone:

▶ When I'm unwell:

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EMERGENCY / AFTER HOURS Numbers: