

## MY HEALTH ACTION PLAN



**Date of my Annual Health Assessment:**

### Patient Details



**Patient Name:**



**Date of Birth:**



**NHS Number:**



**Gender:**



**Main Spoken Language:**



**Address:**



**Home Telephone Number:**



**Mobile Telephone Number:**

## Relationships



**Next of Kin:**



**Carer:**

## Medical History



**Current Medical Problems:**

**Medication:**



**Allergies:**

**Medical History**



**Recent Vaccinations:**

**Weight**

**Height**

**BMI**

**Blood Pressure**

**Smoking**

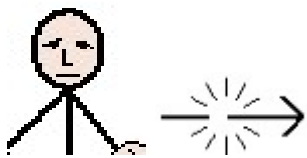
**Alcohol Consumption**

	<b>Diet:</b>	
	<b>Exercise:</b>	
	<b>Mobility:</b>	
	<b>Substance Misuse:</b>	
	<b>Sexual activity:</b>	
	<b>Eyesight:</b>	
	<b>Hearing:</b>	
	<b>Teeth:</b>	



### What I need to do to stay healthy:

1. Continue any prescribed medications
2. Attend all doctor and nurse appointments
3. Eat a healthy diet
4. Increase exercise where possible
5. Attend dentist and eye appointments
6. Go to screening appointments when invited

My Health Issues 	What Needs To Happen?	Who will do it?	Review date

**My next review is due on:**

**Signed:**