Health Action Plan



Goal/Target

Developed and designed by people with learning disabilities

My name is	Date	D.O.B	

In case of Name emergency

Phone no:

Actual

Key information about me



Weight / BMI



Blood pressure



Dental check



Eye test

For the GP to complete: existing health conditions being monitored.

My 3 Big Goals for the next year are



Goal 2

Goal 3



For GP to complete in discussion with patient. Additional comments / health checks e.g. hearing test, flu jab / covid vaccination

Who is responsible? **Target** Date



Bristol, North Somerset and South Gloucestershire **Integrated Care Board**

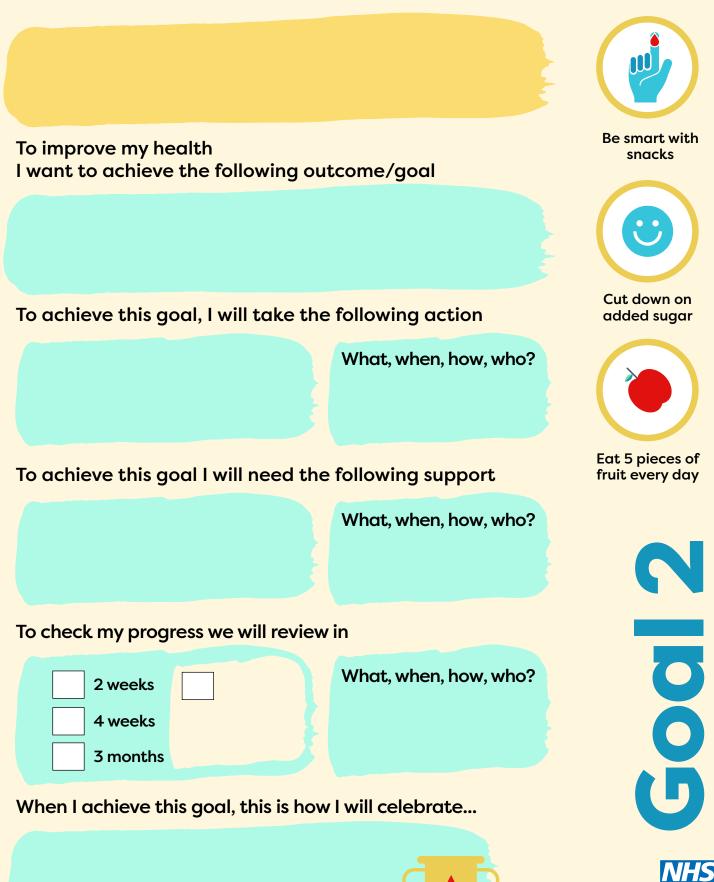
My **3 big goals** for the next 12 months

To improve my health I want to achieve the following ou	tcome/goal	Drinking water is so important for your health				
To achieve this goal, I will take the	Remember to brush your teeth					
	What, when, how, who?	twice daily				
To achieve this goal I will need the following support						
	What, when, how, who?	Have a fresh veggies day				
To check my progress we will review	<i>r</i> in					
2 weeks 4 weeks 3 months	What, when, how, who?	O				
When I achieve this goal, this is how	/ I will celebrate	U				
		NIIS				



My **3 big goals** for the next 12 months

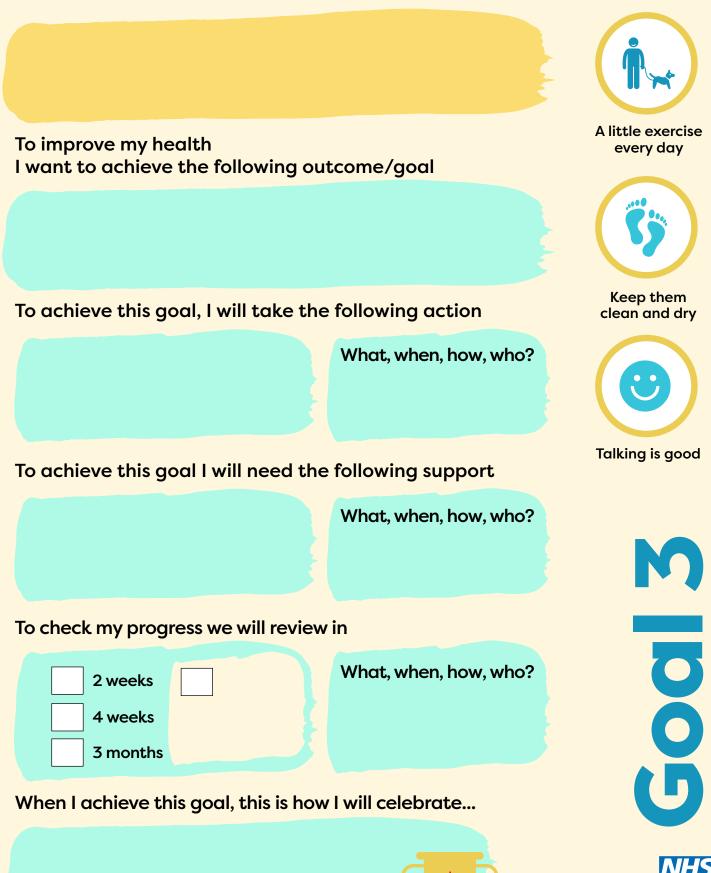






My **3 big goals** for the next 12 months









Out and

about

For comments, notes and ideas



Hearing



Healthy Mouth



Healthy Feet



Female health



Male Health



Diabetes



Feeling well



Eating well



Drink Water



Eyesight



Epilepsy