



My Care Plan

«CurrentDate»

Name: «PatientFullName» DOB: «PatientDateOfBirth»

Clinic Name: «OfficeLocationName»

Provider: «EncounterProviderName»

Diagnoses/Relevant Conditions:

The results help you and your provider make decision about your treatment plan.

<u>General</u>	<u>Goal</u>	<u>My Results</u>
Blood Pressure	Less than 140/90 taken twice a year	«VitalsBloodPressure»
Weight/BMI	Short-term goal	«VitalsWeight» / «VitalsBMI»
Eye Exam	Yearly	
Dental Exam	Twice yearly	
Smoking	Recommend Cessation	«SmokingStatus»
Seat Belt	Wear it	
Other: _____		

<u>Screening Purpose</u>	<u>Exam</u>	<u>Frequency</u>	<u>Age Recommendations</u>
Breast Cancer Screening	Self Breast Exam	Monthly	20 years
	Mammogram	Annually	40 years
Cervical Cancer Screening	Pap Test	Every 3 years if normal	21 years or as recommended per provider.
Colon Cancer Screening	Fecal Occult Blood (IFOB)	Annually	50 years of age
	Colonoscopy	every 10 years if normal	50 years of age
			Screen earlier if family history of colon cancer
Depression	PHQ-2/PHQ-9	Annually	
Other: _____			
Other: _____			

<u>Lab/Immunizations</u>	<u>Goal</u>	<u>My Results</u>
Lipid Panel	LDL less than 130 or ___ done once a year if 30 or older	
Glucose	Less than 126 fasting or less than 200 after eating	

A1C	5.7% to6.4% (Pre-Diabetes) 6.5% or higher(Diabetes)	
Pneumonia Shot	65 or older	
Flu Shot	Once a year	
PSA	50+ if male, talk to provider first	
Tdap	11-12 years of age, every 10 years unless otherwise directed	
Shingles Shot (Zostavax)	60 years or older, unless otherwise directed	
Other:_____		

My Self-Management Plan
Ways to Better Manage My Health Care

My SMART (Specific, measurable, achievable, rewarding and timely) Action Plan:

What I will do:

How much I will do:

When I will do it:

- ER Instructions: Instructions Given/Instructions not given/Already understands process/NA
- Advance Directive: Discussed today/Not discussed today/Already has one in place/NA
- Tobacco Cessation: Discussed/Not Discussed/Wishes to quit/Does not wish to quit/NA
- Weight Loss: Discussed/Not Discussed/Weight Loss Goal/NA
- Diet: Discussed/Not Discussed/MyPlate.gov handout
- Exercise: Discussed/Not Discussed
- Patient has challenges with: Transportation/Vision/ Hearing/Mobility/English as a second language/ Other
- My Horizon Chart: Ask front desk about applying
- Patient lives: Alone/Partner/Spouse /Extended Family/Other
- Patient learns best by: Reading/Being talked to/Being showed how/Seeing pictures or video
- Reach out to Community Assistance: Community Counseling Services/Lutheran Social Services/ Social Services/Other:_____
- Other:_____

I choose goal(s): _____

How likely are you to follow through with these activities prior to your next visit? Not Likely 1 2 3 4 5 6 7 8 9 10 Very Likely

My Medications

«MedsCurrentWithSig»

«MedsNewWithSig»

Future Appointments: _____

A provider can be reached after hours by calling your local clinic at «OfficeLocationPhone».