



MY TOTAL-HEALTH PLAN

INSTRUCTIONS

Use this form for the information that you would like to share with all of your care team -- including your doctor(s), nurses, counselors, or others. Show your providers this information at your visits so that everyone on your team knows about your personal health goals.

THIS PLAN BELONGS TO:

Your Name

MY HEALTH GOALS

GOAL DESCRIPTION	STEPS I NEED TO TAKE TO MEET THIS GOAL
Goal #1	1.
	2.
	3.
Goal #2	1.
	2.
	3.
Goal #3	1.
	2.
	3.

MY CARE TEAM

NAME	ROLE / RELATIONSHIP	CLINIC / LOCATION	TELEPHONE

PHARMACY

PHARMACY NAME	ADDRESS / LOCATION	TELEPHONE

My Medications

MEDICATION NAME	DIRECTIONS	REASON FOR TAKING

NOTES, SPECIAL INSTRUCTIONS, OR QUESTIONS FOR MY DOCTOR

CARE COORDINATION PLAN

Patient Name	DOB	MR Number
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GOAL #1

Date Opened		Date Closed	Closed Reason
Problem or Need			
Goal			
What Will You Do To Help The Patient To Achieve This Goal?			
Who Is Responsible For Action?	Activity Description		
How do you plan to measure progress toward this goal?	What is the target? (Example: PHQ -9 score, number of days per week of walking, etc.)	WHEN do you anticipate meeting this target measure?	

Progress In Achieving Goal

Date of Update	Measure or Description of Progress/Status	Date of Update	Measure or Description of Progress/Status
1		4	
2		5	
3		6	

GOAL #2

Date Opened		Date Closed	Closed Reason
Problem or Need			
Goal			
What Will You Do To Help The Patient To Achieve This Goal?			
Who Is Responsible For Action?	Activity Description		
How do you plan to measure progress toward this goal?	What is the target? (Example: PHQ -9 score, number of days per week of walking, etc.)	WHEN do you anticipate meeting this target measure?	

Progress In Achieving Goal

Date of Update	Measure or Description of Progress/Status	Date of Update	Measure or Description of Progress/Status
1		4	
2		5	
3		6	



GOAL #3

Date Opened		Date Closed	Closed Reason
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Problem or Need

Goal

What Will You Do To Help The Patient To Achieve This Goal?

Who Is Responsible For Action?	Activity Description

How do you plan to measure progress toward this goal?	What is the target? (Example: PHQ -9 score, number of days per week of walking, etc.)	WHEN do you anticipate meeting this target measure?
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Progress In Achieving Goal

Date of Update	Measure or Description of Progress/Status	Date of Update	Measure or Description of Progress/Status
1		4	
2		5	
3		6	

REFERRALS AND OTHER CARE COORDINATION TASKS FOR FOLLOW UP

TASK	DATE

Care Coordinator Name	Signature	Employee ID	Date
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