

# Chronic Disease Self-Management Plan

PATIENT BRADMA	Date commenced:
	Date completed:
	Date for review:
	Self-Management Plan Version:

Element/Area to Consider	Response	
Demographics	Age:	Gender:
Current Health Status	Weight: BMI: Alcohol Consumption: Level of physical activity: Nutrition: Cholesterol Levels: Total - HDL - LDL - Triglycerides -	Height: Waist Circumference: Smoking: Blood Pressure: Glucose Levels:
Current Risk Factors		
Diagnosed Chronic Disease		
At risk Chronic Diseases		

Appropriate Chronic Disease Model(s)		
Current Stage of Change	<ul style="list-style-type: none"> <li>• Precontemplation</li> <li>• Contemplation</li> <li>• Preparation</li> <li>• Action</li> <li>• Maintenance</li> <li>• Relapse</li> </ul>	
Readiness to Change	Readiness 0----1----2----3----4----5----6----7----8----9----10  Importance 0----1----2----3----4----5----6----7----8----9----10	
SMART goal to work on	Goal:	
	<table border="1"> <tr> <td>Objectives:</td> <td>Strategies:</td> </tr> </table>	Objectives:
Objectives:	Strategies:	
Support People		
Multidisciplinary team members		
Possible professional, legal and/or ethical issues to consider?		

Signed by Patient:

Date:

Signed by General Practitioner:

Date: