Health Action Plan



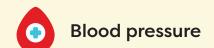
Developed and designed by people with learning disabilities

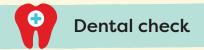
My name is Date D.O.B

In case of emergency Name Phone no:

Key information about me

Actual Goal/Target
Weight / BMI







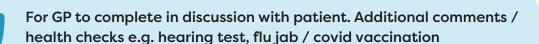
For the GP to complete: existing health conditions being monitored.

My 3 Big Goals for the next year are

Goal 1

Goal 2

Goal 3



Who is responsible?

Target Date



Integrated Care Board