

# 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



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 1

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