SELF-MANAGEMENT ACTION PLAN

Patient Name: SP First Name	**Date: 4/13/2017**

Staff Name: Care Coordinator or Care manager name here	**Staff Role: Care Coordinator or care manager**	**Staff Contact Info: 555-555-5555**

Goal: *What is something you WANT to work on?*

1. Improve my diabetes – maybe by starting to exercise more
2.

Goal Description: *What am I going to do?*

I'd like to take up yoga

How: Join a class

Where: In the strip mall near my house

When: After work	**Frequency:** 3X at week – M-W-F

How ready am I to work on this goal? (Circle number below)

Not Ready 1 2 3 4 5 6 **7** 8 9 10 Very Ready

Challenges: *What are barriers that could get in the way & how will I overcome them?*

1. Cost of the class
2. If I'm sick or have a bad day with my blood sugars
3. If my daughter needs me to take care of the kids

What Supports do I need?

1. Co-worker encouragement
2. I've seen some deals on Groupon for Yoga – I'll look there for an inexpensive offering
3. Encouragement from family, friends, provider

Follow-up & Next Steps (Summary):

1. Review Groupon options
2. Sign-up for classes within the next week
3. CM or CC to call in 2 weeks to check on progress and review

How confident do I feel about this action plan? (circle number below)

Not Confident 1 2 3 4 5 6 **7** 8 9 10 Very Confident