

# Health Action Plan example



**Name:**

**Date of health check:**

Health Issue	Action Needed	Who will do it	Review Date
Raised Blood Pressure	Re-check in a month	Sarah and supporter to book an appointment	Jan 2015
Pain in Back and legs	Medication prescribed review with GP in one month	Sarah and Supporter to book appointment	Jan 2015
Weight loss	Diet and exercise advice offered	Sarah and support	6 months