

# 5 Year Plan

Patient Information		
<b>Name:</b>	<b>Date of Birth</b>	<b>Record Number:</b>
<b>Phone:</b>	<b>Emergency Contact Details:</b>	<b>Date of Last Update:</b>
<b>E-mail:</b>		
Patient Assessment		
Initial Evaluation		
<b>Medical History and Physical Examination:</b>	<b>Diagnostic Tests and Baseline Health Status:</b>	
Annual Re-assessment		
<b>Health Status Update:</b>		
<b>Medical History Review:</b>		
<b>Follow-up Tests:</b>		

Goal Setting	
<b>Short-term Goals (Update yearly)</b>	<b>Long-term Goals (5 years and up)</b>

<b>Treatment Plan</b>	
<b>Year 1: Initial Treatment Strategy</b>	
<b>Medication Plan, Therapies, and Lifestyle Changes</b>	
<b>Years 2-5: Adjustments Based on Progress</b>	
<b>Monitoring and Follow-up</b>	
<b>Regular Monitoring Schedule</b>	<b>Key Metrics for Monitoring Progress</b>
<b>Visit Frequency and Check-ins</b>	<b>Metric 1</b>
	<b>Metric 2</b>
	<b>Metric 3</b>

<b>Contingency Planning</b>	
<b>Addressing Complications</b>	
<b>Emergency Plan</b>	
<b>Review and Update</b>	
<b>Last Annual Review:</b>	<b>Next Annual Review:</b>

<b>Annual Review</b>	<b>Plan Adjustments</b>
<b>Contacts and Resource List</b>	
<b>Care Team Contacts</b>	<b>Resources for Patient</b>

<b>Additional Notes</b>