

Life Planning

Patient Information:

- Name:
- Date of Birth:
- Contact Information:

Health Snapshot:

1. Current Health Status:
2. Medical History:
3. Lifestyle Factors:

Health Goals:

- Short-term Goals:
- Long-term Goals:

Care Preferences:

- Preferred Communication Style:
- Collaboration Preferences:

Treatment Preferences:

1. Medication Preferences:
2. Therapeutic Approaches:

Emotional Well-being:

- **Stress Management Strategies:**

- **Support System:**

Health Monitoring:

1. **Preferred Frequency of Check-ins:**
2. **Monitoring Tools:**

Interpretation:

- **Alignments:**
- **Considerations:**

Action Plan:

1. **Immediate Steps:**

2. **Long-term Strategies:**

Review and Update:

- **Scheduled Reviews:**

- **Feedback Mechanism:**