

# Health Action Plan

Easy Read



Name: \_\_\_\_\_

Date of Annual Health Check: \_\_\_\_\_

My health need	Action: What needs to be done?	Who will do it or who will help?	By when or how often?
_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____

Date of review to check how I am doing: \_\_\_\_\_

# Health Action Plan

Easy Read

## Continued

My health need	Action: What needs to be done?	Who will do it or who will help?	By when or how often?
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**Please bring this plan with you when you come for your next Annual Health Check.**

**Remember:** If you are ill or worried about your health in between your Annual Health Check, make sure you book an appointment with your doctor.