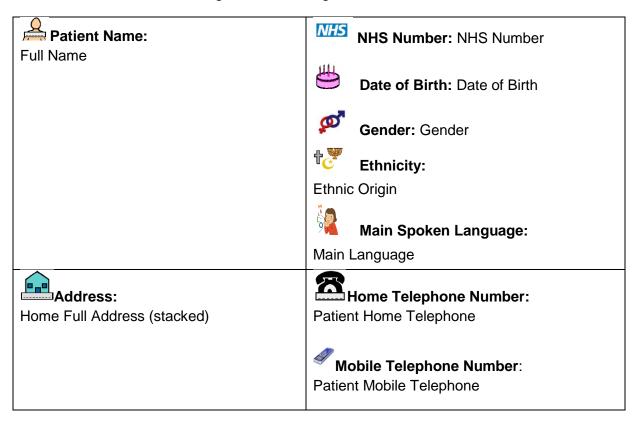
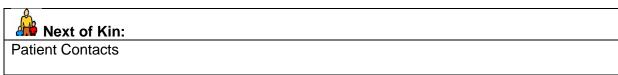
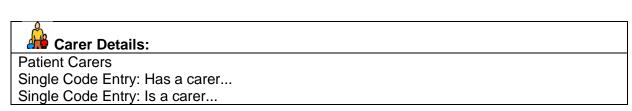
## Registered GP Organisation Name Organisation Full Address (single line) Organisation Telephone Number

### MY HEALTH ACTION PLAN

Date Document Printed: Long date letter merged

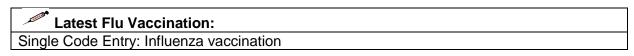


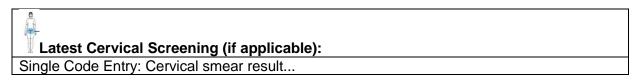






#### **Allergies**





Latest Breast Screening (if applicable):
Single Code Entry: Soft tissue X-ray breast

Single Code Entry: Bowel cancer screening programme: faecal occult blood result...



# Past Medical History Recorded at the Surgery ACTIVE PROBLEMS

#### Problems

What I need to do to stay healthy	Who will support me	By when