












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


MY HEALTH ACTION PLAN


Date Document Printed: Long date letter merged


 Patient Name: Full Name	 NHS Number: NHS Number  Date of Birth: Date of Birth  Gender: Gender  Ethnicity: Ethnic Origin  Main Spoken Language: Main Language
 Address: Home Full Address (stacked)	 Home Telephone Number: Patient Home Telephone  Mobile Telephone Number: Patient Mobile Telephone

 Next of Kin:
Patient Contacts

 Carer Details:
Patient Carers Single Code Entry: Has a carer... Single Code Entry: Is a carer...

 Allergies:
Allergies

 Latest Flu Vaccination:
Single Code Entry: Influenza vaccination

 Latest Cervical Screening (if applicable):
Single Code Entry: Cervical smear result...



Latest Breast Screening (if applicable):

Single Code Entry: Soft tissue X-ray breast...







Latest Bowel Screening:

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