

PATIENT-CENTERED HEALTH IMPROVEMENT PLAN

PATIENT NAME

DOB (MM/DD/YYYY)

PRIMARY LANGUAGE

TRANSLATOR NEEDED: _____ YES _____ NO

OPTIONS FOR ACCESSING CARE:

Patient may call the office at (256) 891-0300 when help is needed or use the patient portal for non-urgent issues.

INFORMATION ON CARE PLANNING AND CARE COORDINATION:

Call the office at (256) 891-0300 and...

Ask for REFERRALS - if you need information on insurance approval of referral or how appointment will be made.

Ask for CARE COORDINATOR - if you need information on education, resources, test results, equipment needs, or special feeding needs.

PRIMARY CARE TEAM MEMBERS:

PRIMARY PROVIDER:

CARE COORDINATOR:

REFERRALS:

DIAGNOSIS: _____

SELF-MANAGEMENT GOALS:

1. GOAL 1: _____

2. GOAL 2: _____

3. GOAL 3: _____

ACTION STEPS (Short-term steps you are ready & willing to take toward obtaining goals):

1. STEP 1: _____

2. STEP 2: _____

3. STEP 3: _____

