

# Personal Self-management Plan: Case Management

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

Clinician: \_\_\_\_\_ Date Prepared: \_\_\_\_\_

Referral, Treatment, Lifestyle Recommendations	Priority	Client Decision	Action Time Frame (where relevant)	Client's Personalized Behavioural Goal (where relevant)	Comments
		1. Accept 2. Decline 3. Undecided 4. Not Applicable			
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1. Enter all referral, treatment and lifestyle categories relevant to your consultation with the client.
2. Collaboratively prioritize (number) the categories with the client (balancing evidence-based duty of care with the client's personal needs).
3. Enter client's agreement or otherwise to act on each recommendation.
4. Document client's personalized behavioural goals relevant to each category where goals are established.
5. Add comments as required. Use an additional page if required.

Page: \_\_\_\_\_