

Chronic Illness Management Plan

Patient Information

Full Name

Date of Birth

Diagnosis

Care Team

Primary Physician

Specialists

Medications

Medication	Dosage	Frequency
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Self-Management Goals

Goals

Monitoring Plan

What to Monitor / Frequency

Action Plan for Symptom Flare-Up

Steps to Take

Follow-Up Schedule

Next Appointment

Notes