

Chronic Disease Management Plan - Seniors

Personal Information

Full Name

Date of Birth

Contact Number

Emergency Contact Name & Number

Primary Diagnosis

Chronic Condition(s)

Date of Diagnosis

Healthcare Providers

Provider	Specialty	Contact

Current Medications

Medication	Dosage	Schedule	Prescribing Doctor

Management Goals

Short-Term Goals

Long-Term Goals

Self-Monitoring

What to Monitor	How Often

Lifestyle & Support

Dietary Guidelines

Physical Activity Recommendations

Social/Family Support

Follow-Up & Appointments

Date	Purpose	Provider

Notes