



# My Shared Care Plan

Name: @NAME@, DOB: @DOB@

We are glad you're here as our patient and we want to help you be as healthy as possible. This **Shared Care Plan** helps us keep your medical record up to date. Please notify us if changes need to be made. Great job in selecting reachable goals! We will review and update your goals regularly.

**My Care Team:**

@PATIENTCARETEAM@

**My Goals:**

@GOALS@

**Preventive Care:**

@CAREPLANHM@

**Successes:**

**Ways to improve mind and body wellness:**

**Managing Flare-Ups and Action Plan:**

**Date of last review with patient: \*\*\***

The patient and primary care team agree to this plan of care.

Patient: \_\_\_\_\_  
@NAME@

Wellness Coach or Other Team Member: \_\_\_\_\_