

Patient-Centered Health Improvement Plan

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Healthcare Provider: [Insert Provider Name]

Health Goals

- [Goal 1: e.g., Increase physical activity to 150 minutes per week]
- [Goal 2: e.g., Achieve and maintain a healthy weight]
- [Goal 3: e.g., Manage blood pressure within target range]

Action Plan

1. [Action Step 1: e.g., Attend weekly exercise sessions]
2. [Action Step 2: e.g., Follow a balanced nutrition plan]
3. [Action Step 3: e.g., Monitor daily blood pressure]

Support and Resources

[List any support services or resources available to the patient, e.g., nutrition counseling, support groups, etc.]

Follow-Up

[Insert date for follow-up appointment]

Thank you for your commitment to improving your health. Please feel free to reach out with any questions or concerns.

Sincerely,

[Healthcare Provider's Name]

[Healthcare Provider's Title]

[Contact Information]