Chronic Disease Management Plan

Patient Information

Name: [Patient Name]

Date of Birth: [Patient DOB]

Address: [Patient Address]

Contact Number: [Patient Contact]

Diagnosis

Condition: Heart Disease

Date of Diagnosis: [Date of Diagnosis]

Goals of the Management Plan

- Improve heart function and overall health
- Reduce symptoms of heart disease
- Prevent complications

Care Strategies

1. **Medication Management:** Adhere to prescribed medications and monitor for side effects.
2. **Dietary Modifications:** Follow a heart-healthy diet, low in sodium and saturated fats.
3. **Physical Activity:** Engage in regular, moderate exercise as recommended by healthcare provider.
4. **Regular Monitoring:** Schedule routine check-ups and tests as advised.

Emergency Plan

In case of severe chest pain or symptoms of a heart attack, call emergency services immediately.

Follow-Up Appointment

Date: [Next Appointment Date]

Time: [Next Appointment Time]

Healthcare Provider Information

Provider Name: [Provider Name]

Contact Number: [Provider Contact Number]