

Health Promotion Activities Plan

Name of Individual:

| | |
|---|---|
| Health Concern/Issue * (Diagnosis) | |
| Related Body System | Vision Respiratory Lymphatic Dental Hearing Digestive Integumentary (Skin) Endocrine Cardiovascular Nervous Musculoskeletal Genitourinary Blood |
| What is it? (Provide definition) | |
| Signs and Symptoms (general) | |
| Signs and Symptoms (specific to the person): | |
| Promotion/strategy support required * List very specific steps that the individual and/or caregivers use to support the person's health condition. Include information about monitoring health status. Who is called for changes/ problems in this person's health condition? What is tracked, where it can be found, and who follows up on documentation required for this health condition? Who provides what training for the person and staff about the health condition and when? | |
| Frequency of support * | |
| Desired outcome * | |
| Person/agency responsible * | |

* FIELDS FOUND IN THE HEALTH PROMOTION SECTION OF THE ISP