



U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Patient Centered Care and
Cultural Transformation



Personal Health Plan

Name:

Date:

Mission, Aspiration, Purpose (MAP):

My mission, aspiration or purpose in life

My Goals:

Please Note: This plan is for my personal use and does not comprise my complete medical or pharmacological data, nor does it replace my medical record.

Strengths (what's going right already)/Challenges:

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My Plan for Skill Building and Support:

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Mindful Awareness:

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Areas of Self-Care

Moving the Body

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Surroundings

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Personal Development

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Food and Drink

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Recharge:

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Family, Friends, and Co-Workers:

--

Spirit and Soul:

--

Power of the Mind:

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Professional Care: Conventional and Complementary

Health Concerns:

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Prevention/Screening:

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Treatment (e.g., conventional and complementary approaches, medications, and supplements):

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Referrals/Consults:

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Community:

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Resources:

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My Support Team:

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Next Steps:

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