**ACTIONS FROM MY HEALTH CHECK (Copy to be given to patient).

YOUR NAME: DATE:**

|  |  |  |
| --- | --- | --- |
| BPwoman2 | Done by: |   |
| My Height: |  |
| My Weight: |  |
| My Blood Pressure: |  |
| Date for next Check: |  |
| GP1 | Do I need to see my doctor? When and why (*a blood test?)*: |
| Diabetes_nurse1 | Do I need to see anyone else? (Who and Why): |
| Social_worker2 | Health actions: (what, who and when) |
| Dont_know_man2 | Anything else I need to know? |