**HBAI INDIVIDUAL INTERVENTION   
REASSESSMENT / FOLLOW-UP PLAN**

**Participant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Intervention:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Summary of Services Provided:** *Group Interventions:* Chronic Disease Self-Management Program Class - Six-week class to enhance self-management knowledge, skills, and self-efficacy; set realistic personal goals; resolve barriers to disease management; and increase healthy behaviors. *Individual Interventions:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Reassessment of Participant’s Ability to Self-Manage:** *Goals:* Met Partially Met

UnmetDescribe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Progress/Outcomes:* Participant has learned about and is incorporating the following self-management practices to better manage his/her chronic disease:

Healthy eating

Physical activity/exercise

Weight management

Stress management/relaxation

Dealing with difficult emotions or depression

Goal setting and problem solving

Communication skills

Medication usage and management

Working with your health care provider and organization

Pain and fatigue management

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recommendations for Continued Disease Management:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Referrals:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Licensed Clinician’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_