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