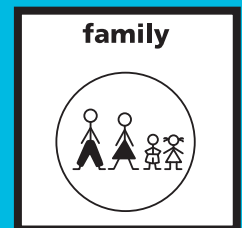
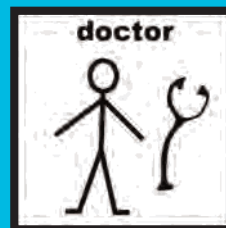
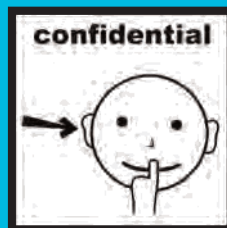
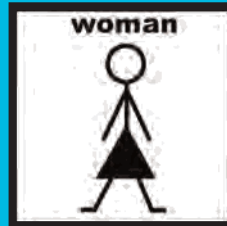


My Health Action Plan



good health



Health Action Plan

myself



Name:

Address:

address

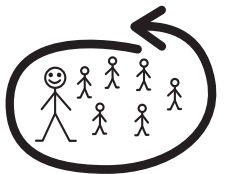


.....

.....

My Health Facilitator:

included



The people who can be told about the plan are:

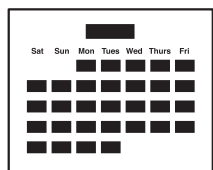
.....

.....

.....

.....

date



The plan was made on:

We will look at the plan on:

good health



Health Action Plan

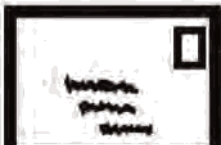
Health need	What needs to be done?	Who will do this?

information



Contact Details

write to



Community Support Team

Learning Disability Service

Poplar House

St Mary's Hospital

Greenhill Road

Armley

Leeds

LS12 3QE

phone



Phone: 3055350

internet



Webpage:

www.leedsmentalhealth.nhs.uk/services.asp?page_id=4&sub_id=44