

5 Year Plan

PATIENT INFORMATION

Name: _____ Date of birth: _____ dd / mm / yyyy

Phone: _____ E-mail: _____

Emergency Contact Details

INITIAL EVALUATION

Medical History and Physical Examination

Diagnostic Tests and Baseline Health Status

ANNUAL RE-ASSESSMENT

Health Status Update

Medical History Review

Follow-up Tests

GOAL SETTING

Short-term Goals

Long-term Goals

TREATMENT PLAN

Initial Treatment Strategy

Year 1: Medication Plan, Therapies, and Lifestyle Changes

Years 2-5: Adjustments Based on Progress

MONITORING AND FOLLOW-UP

Regular Monitoring Schedule

Key Metrics for Monitoring Progress

VISIT FREQUENCY AND CHECK-INS

Metrics

CONTINGENCY PLANNING

Addressing Complications

Emergency Plan

REVIEW AND UPDATE

Last Annual Review

Next Annual Review

Annual Review

Plan Adjustments

CONTACTS AND RESOURCE LIST

Care Team Contacts

Resources for Patient

Additional Notes