

Alkaline Diet Eating Plan

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Agree each goal and action together, then set a review date. Update the plan whenever circumstances change.

Name	Date completed

Date of birth	Record / MRN number

Prepared by	Date agreed

Review date	Next appointment

Background - why this plan is needed

Goals

#	Goal	How progress is measured	Target date
1			
2			
3			
4			
5			

Actions

Support in place

- ☐ Written information provided
- ☐ Contact details for questions given
- ☐ Family, carer or colleague involved with consent
- ☐ Equipment or medication supplied
- ☐ Follow-up booked

What to do if things change - warning signs and who to contact

Review record

Date	Progress	Changes made	Reviewed by

Signature and date

Clinician signature and date