

Your Name F/M Age

Contact No:

What would you like to achieve in relation to your health and wellbeing?

(always consult your GP if you are concerned about your health or have already been diagnosed with a health condition)

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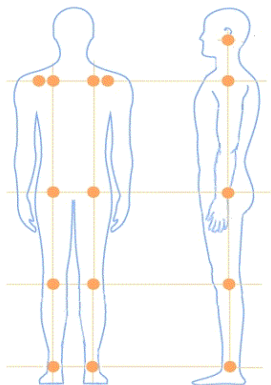
PERSONAL MANAGEMENT PLAN
Personal Development – Choices – Self-Management

Your goal:

Your S.M.A.R.T. goals can entail:

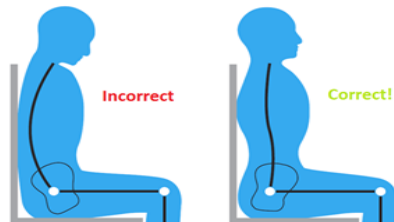
- Improve eating habit and/or reduce body weight, if BMI is over 25
- Improve coping skills (e.g. chronic pain or poor general health management)
- Increase physical activity level (please select: **able** or **unable** to weight-bear)
- Cope better with stress and anxiety and build resilience to daily challenges
- Improve self-confidence in making choices for own health and wellbeing etc.

POSTURE ASSESSMENT



Standing posture:

Sitting posture:



Progress Monitoring and Assessment

Date	Weekly Monitoring			
Initial Assess.	B/W BP:	Height HR:	BMI PFR:	Circumference:
Mid-Assess.	B/W BP:	Height HR:	BMI PFR:	Circumference:
Final Assess.	B/W BP:	Height HR:	BMI PFR:	Circumference:
	Review & Evaluation: Physical gain: Cognitive gain: Social aspect of wellbeing:			

DISCLAIMER

I consent to using the above data to assess my progress. I understand that my personal information will not be disclosed, and only used for evaluation purpose. I also understand that the provided information and resources are delivered for educational purpose and that will not substitute my GP/medical treatment.

Date: Name Signed by