**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RN Action Plan: Health Care Provider Communication**

|  |
| --- |
| **Target Problem Area:**  |
| **Why Problem May Occur:** *
*
*
*
 |
| **Target Goal(s):**  |

**STRATEGIES**

**Coping**

|  |
| --- |
| **DO:** |
| * Write down questions that you have before your appointment
 |
| * Keep a record of your health conditions & list of your medications
 |
| * Bring your Health Passport to appointments
 |
| * Bring a friend or family member to appointments (they can take notes)
 |
| * (Other):
 |
| * (Other):
 |
| * (Other):
 |

**Prevention**

|  |
| --- |
| **DO:** |
| * Tell your healthcare provider if you have fallen
 |
| * Tell your healthcare provider if you have pain or discomfort
 |
| * Tell your healthcare provider if you are taking vitamins, over the counter medicines, and/or home remedies
 |
| * (Other):
 |
| * (Other):
 |
| * (Other):
 |

**PRACTICE**

Based on what we have talked about, you are willing to try:

* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If an idea does not work the first time, try it again (and again).

We may make some changes over the next few sessions, based on how they work.

 Registered Nurse Date