**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