



# MY HEALTH PLAN

Illnesses/Injuries

Name: \_\_\_\_\_

What	When	Resolved?
<i>Example - Broken wrist</i>	<i>June 23, 2000</i>	<i>Yes</i>
<p><b>Describe treatment, where treatment occurred, and goals</b>  <i>Example: arm casted, Brandon General Hospital, medication for pain, had physiotherapy. Goal: maximum range of motion</i></p>		