

# Idaho Ryan White Medical Case Management Wellness Plan Update

Client Name		Medical Case Manager		Date	
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<b>Goal:</b>		
<b>Task 1:</b>		
Step 1:	Date:	Person Responsible:
Step 2:	Date:	Person Responsible:
Follow up (who, when and how):		

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<b>Next Meeting With Medical Case Manager:</b>
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**Client's Statement and Agreement:** I have participated in the creation of this plan for my care. I understand that I **have** to take responsibility for **my plan** in order for the plan to succeed. The case manager has explained to me what portions of the plan I am solely responsible for and those that my case manager will assist me with. I agree to follow all aspects of this plan and advise my case manager if there are significant changes in my life that makes it necessary to change my plan. I agree to stay in contact with my case manager as planned. My case manager has discussed with me the consequences if I don't keep this agreement.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<p><b>For Office Use Only:</b>          Copy of given to client: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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