

MY PERSONAL HEALTH PLAN

One axis · Two circles · One plan · Plearnprai

Blank working form · English edition

PERSON AND PARTICIPANTS

Name: _____ Age: _____

Family participant: _____

Guide/practitioner / contact: _____

SAFETY FIRST · STEP 1

Red flags checked: Yes / No Date: _____

Red flags → medical assessment first.

Thailand: emergency 1669 · mental health 1323

AXIS · WHO I AM

Constitution X: _____

Things to avoid: _____

Daily support: _____

Start date: _____ Review date: _____

1-3 · UPPER CIRCLE

① _____ Score __/10

② _____ ③ _____ Scores __

▲ _____ Capacity: low / medium / high

Direction-based support: _____

5-7 · LOWER CIRCLE · WITH A GUIDE OR PRACTITIONER

Criterion: >4 weeks / ≥3 recurrences in 3 months / unresolved after 14 days

Endpoint: _____ My pathway: _____

First domino: _____ Dimensions reached: _____

4 · ONE PLAN · INTERRUPT ONE CAUSE + ADD NO MORE THAN TWO SUPPORTS

ONE CAUSE-INTERRUPTING STEP · IF-THEN

If _____ then _____

Alternative if-then: _____

SUPPORT · TARGET · DURATION · TIMING · INTENSITY · FREQUENCY

1 _____

2 _____

Safety practices: _____

Check X, ▲, capacity and cautions · Confident on 5/7 days? · Keep prescribed medicines.

PROFESSIONAL ADDITIONS · AFTER ASSESSMENT

Treatment / instructions: _____

Practitioner signature: _____ Date: _____

FOLLOW-UP · MARK EACH DAY HONESTLY

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14
One action														
Support 1														
Support 2														
① /10														

REVIEW AT 7 / 14 DAYS · COMPARE SYMPTOM ① WITH DAY ONE

Less than half completed → make smaller and restart; effect not yet judged.

Better → continue · Same → review route / controls · Worse / red flags → seek care

What I noticed: _____

Outcome / next action: _____

Lower circle: check both symptom ① and the chain. New symptoms return to Step 1.