

WELLNESS PLAN FOR _____

Date:

Any specific data:

Ongoing recurrent symptoms:

Treatment plan:

1) Treatment of underlying physical issues with orthodox and alternative and self-help means:

(be specific to your own needs)

Pain & headaches:

Post-Exertional Malaise:

Cognitive difficulties:

Orthostatic intolerance:

Digestive problems:

Sleep:

Hormones and endocrine:

Mental health:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

[illegible]

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Next Steps:

7) Restorative movement

Next Steps:

8) Building a support network

Next Steps:

9) Finances and housing

Next Steps:

9) Spiritual

[illegible][illegible]

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