

## Chronic Disease Self-Management Program Provider Feedback Form

I was referred by my provider.

My Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Dear Health Care Provider,

I want to let you know that I have been attending the **Chronic Disease Self-Management Program** class to help me better manage my own health. Today I am in my 5th class of the 6 weekly sessions and I am sending you my thoughts about my chronic conditions, taking care of myself, my goals and my action step.

What I have learned about my health is:

I didn't know that my chronic condition was affected by:

The things I do now that have helped me the most to manage my chronic conditions are:

My Action Plan for the next six months is:

Long term goal:

Specific action step:

How much/often? \_\_\_\_\_ When? \_\_\_\_\_

Confidence Level (0-10): \_\_\_\_



Program provided by the Missouri Arthritis and Osteoporosis Program (MAOP) Regional Arthritis Centers (RAC). Visit our website at [www.moarthritis.org](http://www.moarthritis.org) to learn more about additional courses!

**NOTE to CDSMP Participant:** So you may continue your health action planning at your next appointment, please take a copy of this letter to your provider. Or, we can forward this letter to your provider if you give us his/her contact information.