

For more information on Healthier SG, please visit:

www.healthiersg.gov.sg

or contact the Healthier SG Hotline:

6325 9220

To speak to your Care Team, please call:



In partnership with





An initiative of



MINISTRY OF HEALTH
SINGAPORE

HEALTHIER SG HEALTH PLAN BOOKLET

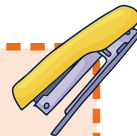
Co-create your personalised Health Plan
with your Doctor and the Care Team
to achieve your health goals.



NAME:

CLINIC NAME:

CLINIC CONTACT:



**To attach Health Plan printout
and Onboarding Questionnaire here.**

MY HEALTH PLAN JOURNEY

1. PREPARE



Think about what is important to you, your areas of concern and what you wish to achieve.

Bring your latest health screening results.

Meet your Doctor & Care Team!
We are here to work with you to create your Health Plan and help you achieve your health goals.

4. REVIEW



Review the target with your Doctor and Care Team to monitor your progress and get the support you may need.

2. DISCUSS



Share what is important to you.

Ask questions and share the concerns that you have.

3. CREATE A HEALTH PLAN



Agree on your health goals and target setting together.

Acronyms used in this booklet:

- | | |
|-----------------------------------|---|
| 1) AAC - Active Ageing Centres | 6) eGFR - Estimate Glomerular Filtration Rate |
| 2) ACR - Albumin-Creatinine Ratio | 7) GINA - Global Initiative for Asthma |
| 3) ACT - Asthma Control Test | 8) HbA1c - The Glycated Haemoglobin A1C |
| 4) BMI - Body Mass Index | 9) HDL - High-density Lipoprotein |
| 5) CAT - COPD Assessment Test | 10) LDL - Low-density Lipoprotein |
| | 11) SFL - Screen for Life |

References (for page 13):



1. MOH. Nationally Recommended Vaccines. [Internet][cited 13 May 2022]
<https://www.moh.gov.sg/resources-statistics/nationally-recommended-vaccines>
2. MOH. Nationally Recommended Screenings under Screen For Life. [Internet]
https://www.healthhub.sg/sites/assets/Assets/Programs/screening/201909/pdfs/Screen_For_Life_Booklet_English.pdf

My Health Goals




Visit Date: _____

For Care Team to fill these goals while partnering you to achieve them using target setting on pages 8-11.




Lifestyle Goals

		Others: (For example: Get 7-8 hours of sleep daily)
Reach/Maintain target weight of _____ kg in 3 / 6 / 12 / _____ month(s).	Quit smoking by _____ dd/mm/yy	

Condition Goals

	Reach/Maintain target HbA1c of ≤ _____ % in 3 / 6 / 12 / _____ month(s).	<ul style="list-style-type: none"> Reach/Maintain target BP of < _____ / _____ mmHg in 3 / 6 / 12 / _____ month(s). Monitor your BP _____ time(s) per day/week/month. 	
	Reach/Maintain target LDL-C of < _____ % in 3 / 6 / 12 / _____ month(s).	Others: (For example, to complete Written Asthma Action Plan (WAAP))	

Activity Goals

		
Engage in exercise _____ day(s) per week.	Participate in programme(s) for: <ul style="list-style-type: none"> <input type="checkbox"/> Weight management <input type="checkbox"/> Smoking cessation <input type="checkbox"/> Managing specific chronic disease <input type="checkbox"/> _____ 	Visit your nearest AAC for: <ul style="list-style-type: none"> <input type="checkbox"/> Physical activities sign-up <input type="checkbox"/> Mind-stimulating and social activities sign-up <input type="checkbox"/> Vital signs monitoring <input type="checkbox"/> _____

Patient's Acknowledgment: _____

Care Team: _____

My Healthier SG Year of Care

For Care Team to complete.

Care Alerts/ Medical Conditions:	(e.g. allergies, drug reactions, fall risks)
Mobility Status:	Ambulant / Ambulant with walking aid / Wheelchair

MONTH	JAN	FEB	MAR	APR	MAY	JUN
Health Plan/ GP Visit						
Nurse Counselling						
Vaccinations [^]						
Screen for Life screenings [^]						
Diabetic Foot Screening						
Diabetic Eye Screening						
Blood/Urine Test						



[^] For nationally-recommended vaccinations and SFL screenings, refer to page 13.

Emergency Contact
Name and Number:

Smoker:

Yes

No

Frequency of dental visits:

Regular

(Twice a year or more)

Irregular

User of dentures:

Yes

No

JUL	AUG	SEP	OCT	NOV	DEC

My Health Log

For Care Team to fill.

Date				
Weight				
BMI				
Smoking status (no. of cigarettes per day)				
Blood Pressure (BP)				
HbA1c				
Fasting Blood Glucose (FBG)				
Total Cholesterol				
LDL Cholesterol				
Triglyceride (TG)				
HDL Cholesterol				
uACR				
uPCR				
eGFR				
Serum Creatinine				

Date		
Height		

TARGET SETTING

For Care Team to fill.

SESSION 1

Visit Date: _____

Target

I want to:

For example: Reduce my sugar intake by half for my kopi.

Action Plan

Describe how, where, what, how often, when.

For example: I will ask for 50% less sugar for my kopi.

Confidence

1 2 3 4 5 6 7 8 9 10

Not
confident

Very
confident

Readiness

1 2 3 4 5 6 7 8 9 10

Not
ready

Very
Ready

Barriers

Reflect on possible challenges:

For example: I cannot resist having a cup of kopi after lunch.

Follow-Up

Follow-up call: Nurse call-in 1-2 weeks later to target set (max 2)

Next Appointment Date and Focus:

For example:

- 1) 15 October 2023, 3 months from now.
- 2) KIV to discuss exercise.

TARGET SETTING

For Care Team to fill.

SESSION 2

Visit Date: _____

Review

Improvements I have made:

Barriers

Reflect on possible challenges:

Target

I want to:

Action Plan

Describe how, where, what, how often, when.

Confidence

1 2 3 4 5 6 7 8 9 10
Not confident Very confident

Readiness

1 2 3 4 5 6 7 8 9 10
Not ready Very ready

Follow-Up

Follow-up call:

Next Appointment Date:

Care Team: _____



TARGET SETTING

For Care Team to fill.

SESSION 3

Visit Date: _____

Review

Improvements I have made:

Barriers

Reflect on possible challenges:

Target

I want to:

Action Plan

Describe how, where, what, how often, when.

Confidence

1 2 3 4 5 6 7 8 9 10

Not
confident

Very
confident

Readiness

1 2 3 4 5 6 7 8 9 10

Not
ready

Very
ready

Follow-Up

Follow-up call:

Next Appointment Date:

TARGET SETTING

For Care Team to fill.

SESSION 4

Visit Date: _____

Review

Improvements I have made:

Barriers

Reflect on possible challenges:

Target

I want to:

Action Plan

Describe how, where, what,
how often, when.

Confidence

1 2 3 4 5 6 7 8 9 10
Not confident Very confident

Readiness

1 2 3 4 5 6 7 8 9 10
Not ready Very ready

Follow-Up

Follow-up call:

Next Appointment Date:

Care Team: _____



CARE REVIEW

For Care Team to fill.

Guiding questions to complete the care review.


- [Focus] What does my patient need to focus on after the session?
- [Reflection] What is important to my patient at the moment?
Are there any worries/concerns my patient would like to discuss?
What motivates my patient to care most for their health?
- [Feedback and Encouragement] What are some areas my patient has done well or requires more attention/focus?
To include some words of encouragement to my patient! 😊


DATE & SESSION	CARE REVIEW
Session 1 Date: _____ Care Team: _____	
Session 2 Date: _____ Care Team: _____	
Session 3 Date: _____ Care Team: _____	
Session 4 Date: _____ Care Team: _____	

National Adult Immunisation Schedule (NAIS)¹ (for age 18 years or older)

Vaccine	18-26 years	27-64 years	≥ 65 years
Influenza (INF)	1 dose annually or per season		1 dose annually or per season
Pneumococcal conjugate (PCV13)	1 dose		
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses (depending on indication)		1 dose
Tetanus, reduced diphtheria and acellular pertussis (Tdap)	1 dose during each pregnancy		
Human papillomavirus (HPV2 or HPV4)	3 doses (Females)		
Hepatitis B (HepB)	3 doses		
Measles, mumps and rubella (MMR)	2 doses		
Varicella (VAR)	2 doses		

 Recommended for adults who meet age requirement

 Recommended for adults with specific medical condition or indication

 Recommended for adults who have not been previously vaccinated, or lack evidence of past infection or immunity

Screen for Life - National Health Screening Programme²

MALE AND FEMALE To screen for	18 TO 39 YEARS	40 TO 49 YEARS	50 YEARS AND ABOVE	FEMALE ONLY To screen for	18 TO 39 YEARS	40 TO 49 YEARS	50 YEARS AND ABOVE
	Diabetes Screening Test HbA1c ⁵ Fasting blood glucose ⁵	✓ ¹	✓		✓	Breast Cancer Screening Test Screening mammogram	
Diabetes Risk Assessment Short questionnaire on: letsbeatdiabetes.sg/DRA	✓			Cervical Cancer³ Screening Test Pap Test (25 to 29 years) ⁴	✓	✓	✓
Obesity Screening Test Body Mass Index (BMI)	✓	✓	✓	HPV Test (30 years and above) ⁴	✓	✓	✓
High Blood Pressure Screening Test Blood Pressure Measurement	✓	✓	✓				
High Blood Cholesterol Screening Test Lipid Profile ⁵	✓ ¹	✓	✓				
Colorectal Cancer Screening Test 2-day Faecal Immunochemical Test (FIT)			✓				

Find out more about vaccinations at healthhub.sg/HPV-immunisation

Note: Screening can start at an earlier age or be done more frequently if you have risk factors for the disease. Please discuss this further with your doctor.

¹ Only for those found to be 'At Higher Risk' via the Diabetes Risk Assessment.

² Continue practising a healthy lifestyle. You are recommended to re-take the DRA every two years, or as often as there are changes in the variables (e.g. age, weight or high blood pressure history).

³ Women who have had a total hysterectomy need not go for cervical cancer screening. Check with your doctor to find out more.

⁴ For females who have ever had any sexual activity.

⁵ Check with your doctor to find out more.

My Healthier SG Programmes

For your Care Team and family to fill in with you.

S/N	Programme Description	Where	When	Remarks
E.g.:	For example HPB: Move It Feel Strong	Sunlove @ Depot Heights	17 Nov to 8 Dec 10 AM, every Fri	Slot 10712, 4 Sessions
1				
2				
3				
4				
5				
6				
7				

S/N	Programme Description	Where	When	Remarks
E.g.:	SportSG: Combat Age-Related Loss of Muscle (CALM)	Jurong East Sports Centre -Active Health Lab	23 Mar to 11 May 10:45am - 12pm	8 weeks 1 hour per session
8				
9				
10				
11				
12				
13				
14				