

Lupus Care Management Plan

How to Successfully Advocate for Yourself While Living with Lupus

Lupus can be a difficult condition to manage. A Care Management Plan like this one can help you work with your care team to identify and solve problems, set goals, track symptoms, and improve your health. Bring a copy of your Care Management Plan with you to your health care appointments to help keep the information accurate, up-to-date, and complete.

 **Please complete the following sections before your next visit.**

Care Plan Author (name)

Last Updated By (name)

Date Last Updated

GENERAL PATIENT INFORMATION

Patient Name

Patient Phone Number

Preferred Language

Pronouns (she/her/hers, he/him/his, they/them/theirs, other)

Emergency Contact Name

Emergency Contact Phone Number

- Are you currently pregnant? Yes No
- Are you currently using any form of contraception? (IUD, vasectomy, hormonal birth control, condoms, etc.) Yes No
- Do you currently use tobacco/e-cigarettes/vape? Yes No
- Do you currently use marijuana? Yes No
- Do you currently use any alternative treatments or therapies? Yes No
- How many alcoholic beverages do you consume in a week? _____

Other things you'd like to discuss.

- Access to Internet
- Transportation
- Living Situation
- Lupus Foundation of America information, tools and resources
- Insurance and medication assistance programs
- Other _____

Visit lupus.org for more information, tools and resources.

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TOP CONCERNS AND BARRIERS

Main things you'd like to improve about your current health:

- Specific symptoms
- Healthy behaviors (e.g. weight, diet, exercise)
- General concerns (e.g. home, work, daily activities, etc.)
- Problems taking medication
- Task list
- Treatment plan

Details: _____

Is your treatment plan meeting your goals? Yes No

Details: _____

Main barriers/things preventing you from improving your health:

- Chronic symptoms (e.g. decreased energy/fatigue, difficulty sleeping, thinking or memory issues)
- Emotional or mental health concerns (e.g. depression, anxiety)
- Family or support system concerns
- Side effects from medication
- Access to medication (e.g. affordability, transportation to medication)
- Don't really understand my diagnosis
- Other barriers:

- | | | |
|--------------------------------------|----------------------------------|---------------------------------|
| <input type="radio"/> Child Care | <input type="radio"/> Employment | <input type="radio"/> Education |
| <input type="radio"/> Finances | <input type="radio"/> Food | <input type="radio"/> Housing |
| <input type="radio"/> Transportation | <input type="radio"/> Utilities | |

Details: _____

CURRENT MEDICATIONS

NAME OF MEDICINE	DOSAGE	WHEN YOU TAKE IT

ALLERGIES

ALLERGIC TO:	DESCRIBE YOUR REACTION

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CARE TEAM

List any physicians or care team members you see regularly (e.g. rheumatologist, dermatologist, nephrologist, cardiologist, therapist):

NAME	SPECIALTY	ADDRESS	PHONE NUMBER

Do you have questions or concerns about any member of your care team? Yes No

Details: _____

SUPPORT TEAM

In addition to your care team, who could you turn to for help for health-related issues? (e.g. family, friends, spiritual leaders, peer mentors, Lupus Foundation of America)

NAME	HOW CAN THEY HELP?	PHONE NUMBER

CURRENT OR RECENT CONDITIONS

CONDITION	CARE TEAM PROVIDER FOR THIS CONDITION	MEDICATION(S) YOU TAKE FOR IT	THINGS THAT HELP (REST, EXERCISE, ETC.)

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WHAT'S NEXT?

Following this plan can help improve or control your current conditions, or manage your symptoms. Tasks below can be for you and members of care team, or other members of your support team.

	SPECIFIC STEPS	PERSON RESPONSIBLE
LABS OR TESTS TO COMPLETE		
CARE TEAM APPOINTMENTS		
COMMUNITY RESOURCES TO EXPLORE		
MEDICATION TO START		
MEDICATIONS TO STOP		
EDUCATION RESOURCES TO EXPLORE		
LIFESTYLE/BEHAVIOR CHANGES		

