



Information for
people with

Knee Arthritis

ACTION PLAN

Your name:

Pharmacist name:

Pharmacy:

Pharmacy phone:

Pharmacy email:



MY KEY MESSAGES ABOUT OSTEOARTHRITIS:

1.

2.

3.

THINGS THAT MATTER MOST TO ME:

1.

2.

3.

THINGS THAT I WILL DO TO HELP ME DO THE THINGS THAT MATTER MOST:

1. _____

2. _____

3. _____

SUPPORT THAT I WILL ACCESS:

1. _____
Referral: Dietitian Pharmacist Physiotherapist
Date of appointment: Or date group/web accessed:
2. _____
Referral: Dietitian Pharmacist Physiotherapist
Date of appointment: Or date group/web accessed:
3. _____
Referral: Dietitian Pharmacist Physiotherapist
Date of appointment: Or date group/web accessed:

MY KEY GOALS:

1. _____

2. _____

3. _____

THINGS TO HELP ME ACHIEVE MY GOALS:

Signed:

Date:

Pharmacist:

"I'm here to help. Please let me know how you get on."

OFFICE USE ONLY: Please scan and send to kneepain.study@otago.ac.nz