



ITP

Individual Treatment Plan

This document is used by you as an HCP to create personalised cystic fibrosis treatment plans and set treatment goals for your patients.






PATIENT'S NAME:

HCP'S NAME:

DATE:

DAILY TREATMENT PLAN

In discussion with your patient, identify up to 3 treatments to focus on and fill in the sheet, stating when each treatment should be taken or carried out, how it will benefit the patient and setting a personal target relating to treatment adherence, to be assessed at your next appointment.

 TIME	 DAYS	 TREATMENT	 PURPOSE	 PERSONAL TARGET	 NOTES
	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday				
	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday				
	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday				

This template has been developed by the CF CARE steering committee as part of the CF CARE programme.

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Please keep this document on file and advise your patient to contact a member of their CF healthcare team regarding any questions they may have as a result of this exercise.