

**MFP MITIGATION PLAN**

<b>Risks:</b> Auto-populate from those selected above	<b>Description:</b> Auto-populate from what was written above
3. Respiratory symptoms: continuous cough, shortness of breath at rest or with minimal activity, pain with breathing, needing to use a rescue inhaler daily, or difficulty breathing.	
14. Poor nutritional or dietary habits	
26. Anxiety: restlessness, irritability, feeling panicked, physical symptoms (headache, muscle tension, stomach ache, chest pain)	
48. Complicated medication regimen: poly-pharmacy, high-risk medications	
<b>Mitigation Plan:</b> <b>Strategies are organized by key word.</b>	<b>Participant agrees to action item?</b>
Pre-Transition Action Strategies: (strategies populate from above)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Post-Transition Action Strategies: (strategies populate from above)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Participant signature

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Date