**My Health & Wellbeing Plan**

This is your plan. You can include information about you and about your health, that you feel is important in helping you to manage your health condition(s).

* You don’t have to complete it all at once, you can keep adding to it over time.
* You can complete all the sections, or just those that are relevant to you.
* You can ask for help to complete your plan from a person involved in your health and care that you feel comfortable with (a care and support partner).
* It’s your plan, you own it and it is up to you who you show your plan to.

Below are some things you might want to think about to help you complete it. These have been suggested by National Voices, a charity that stands for people being involved in their health and care. For more information read their full [Guide to Care & Support Planning](https://www.nationalvoices.org.uk/sites/default/files/public/publications/guide_to_care_and_support_planning_0.pdf)

1. **Prepare** – Getting ready for the care and support planning discussion

* Think about the things that matter to you the most
* Get any useful and important information together before the discussion (e.g. medication lists, important phone numbers).
* Take time to think and talk to other people about the different choices you have

1. **Discuss** – talking with your care and support partner

* You and your care and support partner should work together
* Talk about staying well and living well
* Talk about what you are going to do
* Talk about what care and support you might need from other people

1. **Documen**t – writing down the main points from the discussion

* Write down all the main points that you have talked about with the care and support partner
* Make sure that the plan belongs to you and is easy for you to understand and use

1. **Review** – checking on how things are going;

* To see how you are getting on
* Review the plan with your care and support partner and make any changes

**My Health & Wellbeing Plan**

|  |  |  |
| --- | --- | --- |
| Photo (optional) | My name | What I like to be called |
|  |  |  |
| How I like to be contacted | My NHS number | My date of birth |
|  |  |  |

My next of kin/key contacts (put a \* next to the person you prefer to be contacted in an emergency)

|  |  |  |
| --- | --- | --- |
|  | Name | Contact details |
| Next of kin |  |  |
| Contact |  |  |
| Contact |  |  |

**Preferences**

|  |  |
| --- | --- |
| My spiritual and cultural needs |  |
| My preferred language |  |
| How I like to be treated (my likes/dislikes/my personality) | |
|  | |

**My support network:** Those people who help me and those people who matter to me

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship | How they help me | How often | What info can be shared with them |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Professional contacts**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Job title | Contact details |
| My GP |  |  |  |
| My Key worker or carer |  |  |  |
| other |  |  |  |

**Health Conditions**

|  |
| --- |
| These are the health conditions which I live with (including allergies): |
|  |

**Medication**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medication List | | | | |
| Name | | Dose / Frequency | Time I take it | How I take it |
|  | |  |  |  |
| My prescriber/dispenser (community pharmacist or dispensing doctor) | | | | |
| Name |  | | | |
| Location |  | | | |
| Phone no. |  | | | |

**My Recent Clinical Test Results**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Test | What it is for | Result | Target Result | Repeat date |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Rockwood Frailty Score: | | | | | |
| PAM (Patient Activation Measure) level & score: | | | | | |

**What to do if I become poorly**

|  |  |
| --- | --- |
| Signs and symptoms | Action to be taken |
|  |  |
|  |  |
|  |  |

**Questions I want to ask at my next appointment**

|  |
| --- |
|  |

**My personal, physical & emotional care**

Things I like help with and things I prefer to do myself (e.g. moving around, washing & dressing, hearing & sight)

|  |
| --- |
|  |

How I prefer to be supported (e.g. if I’m upset, talking & understanding, keeping safe)

|  |
| --- |
|  |

**What matters to me?**

|  |  |
| --- | --- |
| All About Me | |
| Something about me: | What is Important to me? |
| What do I enjoy doing now and in the past? | How best to support me: |

|  |  |  |  |
| --- | --- | --- | --- |
| Places that matter to me: My community | | | |
| Where I go | How I get there | Purpose | How often? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**My health & wellbeing**(e.g. diet, exercise, mood, social activities, wellbeing, home, lifestyle, mental health)

|  |
| --- |
| Areas I am pleased with/am managing well: |
|  |
| Areas I am worried about/less pleased with: |
|  |
| My main health and wellbeing priorities are: |
|  |

**My Health Action Plan:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| My Priorities and Goals | | | | |
| My Key Goals – what is most important to me? | What I have tried already: | | | |
| 1.  2.  3. |  | | | |
| What small steps can I take? | | Who else can help? | | By when? |
| 1. | |  | |  |
| 2. | |  | |  |
| 3. | |  | |  |
| Do I need to increase my knowledge, skills and confidence to reach this goal? | | | | |
| My Knowledge? | How? | | | |
| My Skills? | How? | | | |
| My Confidence? | How? | | | |
| Other things that might get in my way: | | | Solution | |
| 1.  2.  3. | | | 1.  2.  3. | |
| If I could, I would: | | | | |
|  | | | | |
| Who could help? (e.g. friends, family, services, community resources) | | | | |
| Name: | How: | | | |
|  |  | | | |
| Summary | | | | |
|  | | | | |
| When I would like to achieve my goals |  | | | |
| When I want to review my goals and how |  | | | |

**Planning ahead**

If my condition gets worse, this is what I would like to happen:

|  |
| --- |
| How I would prefer to be cared for |
|  |
| Where I prefer to be cared for |
|  |
| Who I would prefer to care for me |
|  |
| Review date/record of changes |
|  |

**My decisions**

|  |  |  |
| --- | --- | --- |
| I want to be included in decisions about me. To help me be involved, I need: | | |
|  | | |
| Documents | Yes/No | Where it is kept |
| I have a Do Not Resuscitate Advance Statement (DNACPR): |  |  |
| I have a Power of Attorney: |  |  |
| I am on the organ donor register |  | |

**This is my personal health & wellbeing plan, created by me in conjunction with my care and support partner. It represents my personal information, goals, needs and wishes.**

|  |
| --- |
| My signature……………………………………………………… Date……………………………………. |

I want to review this plan on the following date………………………………