



# My Personal Health and Wellbeing Plan

**Name:** .....

**Plan initiated by:** .....

**My key contact:** .....

My Key Worker is:

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***This plan should remain with ..... at all times***

# Introduction...

This is your health and wellbeing plan, designed to help you record information which you may find useful in managing your health and wellbeing. This plan should be completed by you and those involved in your care to ensure health workers know your goals, targets and health needs.

To get the most from your health and wellbeing plan remember to do the following things:

- Review your goals regularly.
- Take your plan with you to all health and social care appointments.
- Note down any questions or queries you may have for your next health and social care visit.



# My details...

These first few pages will help the team understand a little more about what is important to you. Please take time to complete this section, it could help you avoid being asked for the same information by new health and social care workers.

Full name:

I like to be known as:

Date of Birth:

NHS Number:

Home address:

Email:

My contact number(s):

I have the following medical conditions:

My hearing and eyesight:

Allergies / drug reactions:

Preferred written and spoken language:

How I like to communicate:

My preferred way to contact the service and for the service to contact me:

Religion or what is important to me:

# My main contacts for care

People who are involved in my care are:

Person who knows me best:  
Relationship to me:  
Contact number:

My next of kin:  
Relationship to me:  
Contact number:  
Permission to contact ( Yes / No):

My GP:  
Based at:  
Contact number:

My Community Neighbourhood Team:  
Based at:  
Contact number:

My Lasting Power of Attorneys are:  
Finance and property contact number:  
Health and wellbeing contact number:

My Care Agency:  
Contact number:

My Social Worker:  
Contact Number:

My preferred pharmacy:  
Contact number:

Other people who are involved in my care:

Name:  
Role: Contact number:

Name:  
Role: Contact number:

## I also get support from...

Health and social services:

This is the support I get:

Voluntary services:

This is the support I get:

Friends and family:

This is the support I get:

# About me...

What others like and admire about me...

What is important to me...

The following routines are important to me...

This is me on a good day...

This is me on a bad day...

Things that may worry or upset me...

## My story...

Tell us a little about your life so health workers can get an understanding of what is important to you and what or who is significant to you. You might want to include current and past interests, jobs, pets, places you have lived, music and films, hobbies, schools, friends, religion, day centres...



# My pictures...

This is space for you to stick some photographs or pictures that are important to you.

# What is important in my life...

What is working well in my life?

What is not working so well?

What makes me feel better if I am anxious or upset?

What would make my life better?

What ideas do I have to make my life better?

# What matters to me...

Please take some time to think about your health and wellbeing. Write down the things that are important and you would like to discuss.

My health and wellbeing concerns...

These are some of the things some people like to talk about – please circle anything that is important to you.

Pets	Relationships	Taking medicines	Sleep
Keeping warm	Staying steady	Lack of control	Feeling scared
My future health	Feeling low, stressed or anxious	My memory	My weight
Family	Friends	Eating and drinking	Getting to know more about my illness
Pain	Getting out and about	My hearing	Physical activities
Smoking	My interests/hobbies	Caring for others	Alcohol
My current care	Meeting other people	Finances	Housing
Singing	Gardening		

What do you like to talk about that makes you happy?

## My questions and answers...

You might find it useful to write down any questions or thoughts you have ready for your next appointment or the next time you meet with someone from your health and wellbeing team.

Date	My questions or thoughts...	Answers...

# My progress...

What I want to be able to do / feel	How can I do it?	Why I want to do it?	Where am I now? 1<10	Where do I want to be? 1<10	When I think I can do it by	This will help with my:  E.g. COPD, Diabetes...	My progress:	Date:

# My progress...

## Statement of ownership

This is my personal health and wellbeing plan, created by me with the help of \_\_\_\_\_. It details some personal information along with my wishes, needs, and progress.

Signature:

Date:

This plan was reviewed on:	Since then I have achieved:	I still need to work on:	Sections of the plan that have been updated:	Reviewed with:

# How I manage my symptoms...

## I feel well - feeling your usual self and managing to complete my usual activities

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>✓ Feeling your usual self</li><li>✓ Sleeping well</li><li>✓ Have my usual amount of energy</li><li>✓ Appetite usual for you</li></ul> | <ul style="list-style-type: none"><li>✓ Eating and drinking well – usual for you</li><li>✓ Able to complete usual daily activities</li><li>✓ No new pain</li></ul> |
|---|--|

### My Actions:

- Continue with your usual activities
- Continue taking your usual medications as listed below

### What is normal for me:

## I feel unwell or much worse - you may have some of these triggers or symptoms of feeling unwell, you may not feel able to complete your usual activities

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>✓ More breathless doing usual activities</li><li>✓ Loss of appetite</li><li>✓ Feel nauseated or vomiting</li><li>✓ Not much energy</li><li>✓ Increased coughing with coloured phlegm produced – may go from clear to green, brown, bloody or frothy</li><li>✓ Increased wheeze from usual</li><li>✓ Wakening at night due to breathlessness</li><li>✓ Increased swelling to feet and legs more than usual for you</li></ul> | <ul style="list-style-type: none"><li>✓ Fallen in last 24 hours</li><li>✓ Feeling confused or more mixed up than usual</li><li>✓ Diarrhoea lasting longer than 24 hours</li><li>✓ Constipation – different to usual pattern for you</li><li>✓ Unable to take usual medications</li><li>✓ Burning, stinging when passing urine</li><li>✓ Feeling hot then cold – feverish</li><li>✓ New dizziness, feeling unsteady when walking</li></ul> |
|---|---|

### My Actions:

- Phone \_\_\_\_\_ on \_\_\_\_\_ **as soon as possible** to let them know your change of condition (this should be your relevant key worker)

### What is abnormal for me:

## I feel much worse or in danger - the 'My Actions' shows what to do and who to contact for immediate advice and support

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>✓ Very short of breath at rest, unable to speak due to breathlessness</li><li>✓ Very confused</li><li>✓ Have fallen and unable to get up unaided or with assistance</li></ul> | <ul style="list-style-type: none"><li>✓ Chest pain or pressure in your chest</li><li>✓ Your heart is pounding or going very fast</li><li>✓ You are unable to speak, have slurring speech or unable to move any part of your body</li></ul> |
|---|--|

### My Actions:

- **Phone 999.**

## This is how I am normally...

Eating and swallowing...

Drinking and swallowing...

Going to the toilet...

Keeping safe...

How I move...

How to know if I am in pain...

Sleeping pattern...



# My medication...

Your medication is important to your health and wellbeing, so it is important to take your medication in the right **amount**, at the right **time**, in the right **way**, and for the right **duration**.

To help the team understand more about your medication, please use the tick boxes for your answers below:

## I order my medications in the following way...

- On line
- Using repeat slips
- Contacting the pharmacy
- My pharmacy orders them for me
- I order them another way \_\_\_\_\_

## I receive my medications by...

- Pharmacy delivery service
- I or someone collects them from the pharmacy
- I receive them another way \_\_\_\_\_

## My medicines come in...

- Blister packs or Nomad trays
- Original packs or boxes

## Taking my medications...

- I organise and take all my medications without help
- A carer helps me to take my medication
- A relative/friend helps me to take my medication
- I find it difficult to take my medication as prescribed

## I take medication prescribed from the following...

- GP Surgery
- Hospital or Specialist Clinics
- I buy medication over the counter/Internet

## Advance Care Planning...

This section is to help you prepare for the future. It gives you an opportunity to think about and write down your preferences and priorities for care at the end of your life. If you have concerns about any of the areas below, please speak to your relevant key worker. If you already have plans in place, please let us know by ticking the relevant boxes below. There is also additional information available on advanced care planning. This includes information about other important documents which you may wish to have, such as an Advanced Directive. Please ask your relevant key worker if you would like one.

I have an Advance Care Plan

I have an up to date Do Not Attempt Cardiopulmonary Resuscitation (DNARCPR)

I have a Lasting Power of Attorney in place for:

Health and Wellbeing

Finance and Property

I have agreed my Preferred Place of Care which is:

## My useful phone numbers...

This is a list of local organisation that can offer help and support with your health and wellbeing. Add your own contacts to the bottom of the list.

Age UK	0345 0138208
Empowerment (advocacy)	0300 3232100
Blackpool Care and Repair	01253 476646
Carers Point	0345 688 7113
Silverline	0800 470 8090
Alzheimer's Support helpline	0300 222 1122