

My Health Plan

This is *your* plan to help you record information which is important and useful to you in managing your long term condition(s). Your plan can be completed in stages, over a period of time.

You can complete all sections or just the parts you feel are relevant to you, your condition and your needs.

You may wish to start filling this in on your own or you may want assistance from others such as your carer or your key worker (where appropriate).

A Key Worker is someone who can help navigate you through the healthcare system and be your primary contact.

A number of people can fill the role of a Key Worker, including health professionals such as Community Matrons, Case Managers, Practice Nurses, Physiotherapists, Occupational Therapists or General Practitioners alternatively Key Worker can be a carer, voluntary sector representative or other.

MY HEALTH PLAN

1. ABOUT ME

My Details

My Name		What I like to be called	
Preferred means of contact			
My NHS Number		DOB	

My next of kin & other contacts (Please use * to indicate your preferred contact)

	Name	Relationship to me	Contact Details
Next of kin			
Contact			
Contact			

My main carer/supporter and others involved in my care (if appropriate)

	Name	Relationship to me	Contact Details
Main carer / supporter			
Note: If you have a carer he/she may be eligible for help			
This is the care my carer provides for me:			
Other carer			
Other carer			

Professional Contact Details

	Name	Job Title	Contact Details
Key Worker* (where appropriate)			
GP			
Specialist			
Other			
Other			

* A Key Worker is someone who can help navigate you through the healthcare system and be your primary contact

MY HEALTH PLAN

2. MY PREFERENCES

My preferred language is (e.g. English/Polish)	
Communication needs (e.g. sight or hearing difficulties)	
Important information related to my beliefs and culture	

What it might help others to know about me:

This section is for recording details of my personality, likes and dislikes to help inform health professionals and others about how I like to be treated.

3. IMPORTANT INFORMATION

My Long Term Conditions are:

My Allergies and drug reactions are:

MY HEALTH PLAN

4. MY CURRENT HEALTH & WELLBEING

These are the areas of my current health and wellbeing which are good/have improved:

Consider diet, exercise, lifestyle & wellness goals

These are the concerns I have about my current health and wellbeing:

Consider psychological, emotional and social as well as physical issues

These are my main health and wellbeing needs.

These are the main priorities for my current health that I have agreed with my key worker (where appropriate):

MY HEALTH PLAN

5. MY HEALTH ACTION PLAN

Personal goals for my health and wellbeing. This section is a record of the outcome of my discussions with my key worker (where appropriate).

To improve my health and wellbeing this is what I would like to achieve (my goals):

This is what I will do to help achieve these goals:

This is the support I need to help me to achieve my goals:

This should include the support I require and who I require it from.

These are the actions I have agreed with my key worker:

Details of the support that will be provided

When I would like to achieve my goals by:

When I want to review my goals:

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My personal support directory

This is for recording details of individuals and organisations who will/can help me.

Name of person/ organisation	How they will/can help me	Contact Details

I would like access a support programme to help me manage my needs:

Yes No

If yes please provide details

Information relevant to my needs

This section is for information which is related to my long term condition and my specific needs.

Topic	How this can help me	Contact Details or Source
Living with my long term condition		
Day to day practical support		
Quality of life and lifestyle		
Self help and support groups		
Medication and devices		
Complementary therapies		
Impact on relationships		
Financial information including benefits/travel		
Legal information		
Information regarding new research relating to my condition		
Other:		
Other:		

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My Medicines

These are the medicines (prescribed and other) I am currently taking:

Name of Medicine	Dose	Format e.g. Tablet, syrup, injection etc	I take this medicine at the following times	I take this medicine because it will.....(e.g. help prevent me from having a heart attack)

Repeat Prescribing

This is how I will order my repeat prescriptions

Other information related to the medications I take (including possible side effects):

My drug reactions are detailed under section 3 (Important Information)

Contact details for my community pharmacist or dispensing doctor

Name	
Company and location	
Phone Number	
Email Address	

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Advance Planning

If my condition progresses or should my condition suddenly deteriorate; these are the arrangements that I would like to be considered

My preferences and priorities for future care are:

Where I would like to be cared for in the future:

My record of any changes to my preferences and priorities:

Signature	Date	Signature	Date
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I confirm that I have the following documentation:

	Yes	No	Where kept
Preferred Priorities of Care			
Advanced Directive			
Enduring Power of Attorney			
Organ Donation Card held			

MY HEALTH PLAN

Questions I want to ask my health professional at my next appointment:

Additional information relating to clinics, letters and records of consultation

I would like to receive copies of correspondence relating to me (as detailed in the NHS Constitution)

Yes No

If yes please inform your health professionals

Statement of Ownership & Purpose

This is my Personal Health Plan created by me in conjunction with my key worker. It reflects my personal information, wishes, needs and goals.

Signature Date.....