



My Plan for making the most of my life

Name:

Next of Kin: (to be contacted in an emergency)

Key Worker:

Contact:

General Practitioner:

Contact:

NHS Number:

What Matters to Me?

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

These are some of the sorts of things people often like to talk about –
please circle the things that are important to you

Getting washed and dressed	My current care	Supporting my family/carers	Feeling lonely
Finances	Lack of control	Feeling hopeless	Pain
Feeling low or stressed	Feeling scared	Eating and drinking	Getting out and about
Taking medication	My future health	Alcohol	Regular physical activity
Sleep and sleeping	My house and home	My interests and hobbies	My sight
Keeping warm	My memory	Hearing	Smoking
Staying steady	My weight	Slowing down	

My other concerns / questions

What is important in my life?

What is working well?

What isn't working so well?

What would make my life better?

What ideas do I have?

Goal Setting

Date:

What issues are most important to me? / What do I want to work on?

What I want to happen next

How important is it to me?

Not at all 1 2 3 4 5 6 7 8 9 10 Very

Personal Plan

Date:

What exactly am I going to do?

What might stop me and what can I do about it?

How confident do I feel?

Not at all 1 2 3 4 5 6 7 8 9 10 Very

What my key worker will organise for me?

Review of goal / action plan:

When:

Where:

What do I do if my health gets suddenly worse?

Health Issue

What symptoms or changes should I look out for?

What actions do I take?

Contact person and number if I need this.

Tablets and Medication

Tablets and Medication

What do they help with?

Tablets I keep in case of emergency or something goes wrong:

What will I do if I forget a medication?

What will I do if I take too much medication?

Questions and Concerns:

What I would like professionals to know about me

What I like to be called:

Who I like to be at my reviews / appointments:

The best way to communicate with me:

Access to my house in an emergency:

Door keys and codes:

Allergies (or bad reactions to medicines):

Other issues:

Things that professionals want to know about me

Date of Birth:

Address:

Is this a Nursing Home?

Diagnosis List:

Health Problems:

Other issues (e.g. specific postural or support needs or information about medical condition - patient needs at least x mgs of drug before it works etc):

Other Professionals Involved

Contact Details