

Personalised Well-being Plan

My Name:		I like to be known as:	
NHS Number:	Phone number:	Email:	
Address:		Post Code:	
Are you an unpaid carer for/regularly support anyone else?	YES	NO	NOT APPLICABLE
Some of my own care and support is given by an unpaid carer/family member/friend	YES	NO	NOT APPLICABLE
			They have given been given permission to be contacted by the NHS YES NO NOT APPLICABLE
Their contact details are:			
Things you need to know about me and my health			
What matters to me most:			
My health condition(s) and what I already do to keep myself well:			
These are the changes to my health I need to look out for, and this is what I will do if they happen: (tell us what the change is including your symptoms and who will help you)			
My medicine: (include where it is kept and how you take it)			
What I am worried about at the moment:			

What support I will need to stay as well as possible

What I will do to help myself:

What my family, friends and neighbours will do:

Other help I will need:

Where I can get help now:

If you need to contact my GP or designated contact, here are the details you will need:

My GP is	My emergency contact is	Relationship to me	Other e.g. social worker, housing association, care worker
-----------------	--------------------------------	---------------------------	---

Telephone number:	Telephone number/Contact details:	Telephone number:
--------------------------	--	--------------------------

