

Personalised Wellbeing Plan

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| --- | --- | --- | --- | --- | --- | --- |
| **My name:** | | **I like to be known as:** | | | | |
| **NHS Number:** | **Phone number:** | | | **Email Address:** | | |
| **Address:** | | | | | **Post Code:** | |
| Things you need to know about my health | | | | | | |
| **My health condition(s)…** | | | | | | |
| **Medication I take …** | | | | | | |
| **It is kept …** | | **I take it by:** | | | | |
| **What matters to me most whilst I am staying at home and keeping away from people...**  **What I am worried about whilst I am staying at home and keeping away from people...** | | | | | | |
|  | | | | | | |
| **What support I will need whilst I am staying at home and keeping away from other people** | | | | | | |
| **What I will do…** | | | | | | |
| **What my family, friends and neighbours will do …** | | | | | | |
| **Other help I will need …** | | | | | | |
| **Where I can get help now …** | | | | | | |
| If you have any questions, please contact: | | | | | | |
| **My GP is** …  **Telephone**  **number:** | **My designated**  **emergency contact is:**    **Telephone number:** | | **Relationship to me…** | | | **Other …**  **e.g. social worker, housing**  **association, care worker**  **Telephone number:** |