

Part Two: My Wellbeing Plan

Patient's Name		Date of Birth	
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About Me / Who am I?

For example: Are you married, do you have children / grandchildren? What was your occupation? Where did you grow up?

What is important to me?

For example: Your values and believes, people, events and how you spend your time.

My Family, Friends and Contacts

For example: Who do you see regularly and what do you do together? Who lives away and how do you communicate with them?

What do I do to manage my health?

For Example: Diet, Exercise, Sleep and Day Centres

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**Health Professionals / Services I see regularly to monitor my health?
 And what they do for me?**

For Example: Practice Nurse, District Nurse, Physiotherapist, Podiatrist

**My Hopes and Goals with regards to my health and wellbeing are?
 How I am going to work towards achieving my goals – see table below**

	Goal	Supported By	Review Progress (Date)	Completed By (Date)
1				
2				
3				
4				

Contact Details of Family Member / Friend / Health Professional who supported me in completing this Personalised Care Plan

Person's Name	Relationship	Contact Details