

My Health Plan

Personalised Care Planning Template

international version

Purpose : To compile a Personalised Care Plan

Admin time : x min. Variable

User Friendly : High

Administered by : Self administered, or with assistance from Primary Carer.

Content : Personalised Care Plan Template

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<https://www.cgakit.com/my-health-plan>

My Health Plan



NHS

The smallest change...

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 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.

Adapted from a **NHS** publication by **CGA Toolkit** ^{Plus} www.cgakit.com

1. ABOUT ME

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			
<i>Note: If you have a carer he/she may be eligible for help</i>			
This is the care my carer provides for me:			
Other carer			
Other carer			

Professional Contact Details

	Name	Job Title	Contact Details
Key Worker* <i>(where appropriate)</i>			
GP			
Specialist			
Other			
Other			

* A Key Worker can be your GP, Community Matron, carer etc. They can give you help/ advice if you need it.

2. MY PREFERENCES

My preferred language is <i>(e.g. English/Polish)</i>	
Communication needs <i>(e.g. sight or hearing difficulties)</i>	
Important information about 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:

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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):

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 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.

This is what 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:

My personal support directory

This is for recording details of people 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 group to help me manage my needs:

Yes No

If yes, please provide details and discuss with your key worker

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
Learning to live with my long term condition		
Getting day to day practical support		
Improving quality of life and lifestyle		
Self help and support groups		
Medication and devices		
Complementary therapies		
Financial information including benefits/travel		
Legal information		
Information regarding new research relating to my condition		
Other:		
Other:		

My Medicines

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

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

Contact details for my community pharmacist or dispensing doctor

Name

Company and location

Phone Number

Email Address

My Recent Test Results

These are my important clinical test results, for example Blood Pressure, Peak Flow, Blood Tests, Weight, X-Ray, Sight or Hearing.

Test	What this test is for	Date of test	Result	Target Results	Repeat Date

Repeat Tests

This is how I will arrange my repeat tests, e.g. with my GP or direct with relevant department

Comments

What to do if I become poorly:

Signs and symptoms	Action to be taken
Signature	Date

In the event of a sudden change in my health, I or others can contact these people:

What has changed?	Who to contact	Contact Details

Comments

Advance Planning

If my condition progresses or suddenly deteriorates; 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

I confirm that I have the following documentation:

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

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

Additional information relating to clinics, letters and records of consultation

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