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**Preparing for care planning**

Your care planning appointment is for you to think about what is important to you, things you can do to live well and stay well, and what care and support you might need to do this.

Please use this letter to help you think about what you would like to discuss at your appointment.

**Please bring this to your appointment.** The back page will be used to record the summary and the plans you make.

|  |
| --- |
| **What are the most important things to you at the moment?** |
|  |
|  |  |  |  |
| **These are some things that people sometimes want to talk about. Circle any that are important to you.** |
| SleepMedicationMemoryFood choicesPregnancy and contraceptionDriving/travelWork/benefits/moneyPain/discomfortManaging my symptoms | Feeling down or stressedEating the right amountGiving up smokingCoping with my day-to-day healthAlcoholKeeping active and getting aroundRelationships/sex lifeMy future healthFeeling lonely |
|  |  |  |  |
| **What else would you like to discuss?** |
|  |

**Your care planning summary**

This will be used to summarise the conversations you have at your care planning appointment and the plan you agree. This will be completed at your appointment with the nurse or doctor.

|  |  |  |  |
| --- | --- | --- | --- |
| **Your care planning appointment was with:** |  |  | **Date:** |
|  |  |  |  |
|  |
| **Summary of the conversation** |
|  |
|  |
| **Goal setting** |  |  | **Action planning** |
| **What do you want to work on?** |  |  | **What exactly are you going to do?** |
| **What do you want to achieve?** |  |  | **What might stop you and what can you do about it?** |
| **How important is it to you?** |  |  | **How confident do you feel?** |
| *Not important* | 1 2 3 4 5 6 7 8 9 10 | *Very important* |  |  | *Not confident* | 1 2 3 4 5 6 7 8 9 10 | *Very confident* |
|  |  |  |  |  |
| **Follow up/review of goal/action plan:** |
| **When: Where:** |