This plan is designed for people with long term condition(s) and can also be used as a pre-appointment planner for the fuller version of My Life Plan.
My details

Name: __________________________  Date: _________
NHS Number: ________________________________
GP’s Name: ________________________________
GP’s Contact Details:
_________________________________________________________________________________
_________________________________________________________________________________

Next of kin contact details (to be contacted in emergency):
_________________________________________________________________________________
_________________________________________________________________________________

My health and wellbeing

What matters to me is:
_________________________________________________________________________________
_________________________________________________________________________________

What is going well:
_________________________________________________________________________________
_________________________________________________________________________________

What is not going so well:
_________________________________________________________________________________
_________________________________________________________________________________
The outcome(s) or goal(s) I would like to achieve to make my life better:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

How important is it for me to achieve this outcome(s) or goal(s)? *(Please circle one number)*

Not at all  1  2  3  4  5  6  7  8  9  10  very

The support I would like to help me achieve my outcomes or goals *(for example meeting someone with a similar health condition, having transport, joining a community special interest group)*:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

If my health starts to worsen I need to look out for the following symptoms:

____________________________________________________________________
____________________________________________________________________

And take the following action(s):

____________________________________________________________________
____________________________________________________________________
Consultation Date: _________________________________
Practitioner Name: _________________________________

The actions I will take:
________________________________________________
________________________________________________
________________________________________________
________________________________________________

The actions my practitioner will take:
________________________________________________
________________________________________________
________________________________________________
________________________________________________

Any other information:
________________________________________________
________________________________________________
________________________________________________
________________________________________________

Next Review Date: _________________________________