Full Name Date of Birth NHS Number

**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.

This letter contains some of your test results and information, along with some questions, to help you think ahead and plan 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.

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| **What are the most important things to you at the moment?** |
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|  |  |  |  |
| **These are some things that people sometimes want to talk about. Circle any that are important to you.** |
| Bathing and hygiene | My current care | Looking after family, carers and pets | Support to stay at home |
| Finances | Independence | Getting out and about | Pain |
| Feeling low or anxious | Feeling scared | Feeling hopeless | Mobility |
| Medication | My future health | Eating and drinking | Loneliness |
| Keeping warm | My memory | Hearing | Smoking |
| Staying steady | My weight | Slowing down | My sight |
|  |  |  |  |
| **What else would you like to discuss?** |
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| --- | --- | --- | --- |
| **Measurements that affect your future risk of health problems** | **Latest results** | **Previous results** | **Questions, thoughts, ideas** |
| **Smoking** causes problems with your health in many ways. Stopping smoking is one of the best things you can do to stay healthy and help your breathing. | Single Code Entry: Tobacco use and exposure | Single Code Entry: Tobacco use and exposure |  |
| **Blood Pressure (BP):** Keeping your blood pressure below 140/90 reduces your risk of health problems.Your healthcare professional may suggest a personal target. | Single Code Entry: O/E - blood pressure reading | Single Code Entry: O/E - blood pressure reading |  |
| **Weight (Kg) and Body Mass Index (BMI):** Being overweight can make your condition more difficult to control and can increase your risk of other health problems. A healthy BMI is between 18.5-24.9. | Single Code Entry: Body weight | Single Code Entry: Body weight |  |
|  | Single Code Entry: Body mass index | Single Code Entry: Body mass index |  |
| **Mood:** How you feel could make a big difference to your health. What are your thoughts about these questions:* During the last month, have you been bothered by feeling down, depressed, or hopeless?
* During the last month have you had little interest or pleasure in doing things?
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| --- | --- | --- | --- |
| **Asthma checks** | **Your current symptoms**  | **Previous**  | **Questions, thoughts, ideas** |
| **Peak Expiratory Flow Rate:** This test measures the maximum speed you can breathe out air. A low peak flow score can help you spot when your asthma’s getting worse.  | *My normal peak flow is (please complete):* | Single Code Entry: Peak expiratory flow rate... |  |
| **How does this affect you?** |
| **Breathing:** You will know how your breathing affects you day-to-day, but there are ways of looking at this that help understand how this is changing year by year, including ways of scoring your breathing and how many times you have had chest infections or been in hospital for your breathing in the last 12 months. | *What issues did this identify for you?* |
| In the last 12 months I have needed steroid (prednisolone) tablets… *(please complete)* times |
| In the last 12 months I have been in hospital/attended A&E for my breathing… *(please complete)* times |

**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** |
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|  |
| **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:** |

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