A close-up of logos

Description automatically generatedFull 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.** | | | |
| Sleep  Medication  Memory  Food choices  Pregnancy and contraception  Driving/travel  Work/benefits/money  Pain/discomfort  Managing my symptoms | | Feeling down or stressed  Eating the right amount  Giving up smoking  Coping with my day-to-day health  Alcohol  Keeping active and getting around  Relationships/sex life  My future health  Feeling lonely | |
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| **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. | Single Code Entry: Tobacco use and exposure | Single Code Entry: Tobacco use and exposure |  |
| **Blood Pressure (BP):** Keeping your blood pressure within target reduces your risk of health problems. There are different targets for different conditions. If you have more than one condition, then the lower target applies.   * Chronic kidney disease – 130/80 * Heart and circulatory conditions – 140/90   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 mass index | Single Code Entry: Body weight  Single Code Entry: Body mass index |  |
| **Cholesterol and Cardiovascular Risk:**  Non-HDL cholesterol is the bad type of fat in your blood. If you have had a heart attack or stroke or have other types of vascular disease, you are advised to take statin tablets and aim for a non-HDL cholesterol below 2.5mmol/L | Single Code Entry: Serum cholesterol level... | Single Code Entry: Serum cholesterol level... |  |

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| **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? | *Your thoughts:* | | |
|  |  |  |  |
| **Diabetes checks** | **Latest results** | **Previous results** | **Questions, thoughts, ideas** |
| **Diabetes Screening Test (HbA1c):** Type 2 diabetes is more common in people with heart disease. A blood test called HbA1c can detect if you have diabetes. A level above 42 would suggest you are at higher risk of developing diabetes in the future, and over 48 that you may have diabetes. | Single Code Entry: Haemoglobin A1c level... | Single Code Entry: Haemoglobin A1c level... |  |
| **Kidney Tests:**   1. A blood test (eGFR) checks how well your kidneys are working. The higher the eGFR the better. Ideally your eGFR should be above 60 and remain stable. 2. If you have kidney disease an early morning urine test is used to monitor your kidneys (Albumin/Creatinine Ratio). ACR results are better if under 3. | **ACR**  Single Code Entry: Urine albumin: creatinine ratio...  **eGFR**  Single Code Entry: GFR (glomerular filtration rate) calculated by abbreviated Modification of Diet in Renal Disease Study Group calculation... | **ACR**  Single Code Entry: Urine albumin: creatinine ratio...  **eGFR**  Single Code Entry: GFR (glomerular filtration rate) calculated by abbreviated Modification of Diet in Renal Disease Study Group calculation... |  |
| **Your symptoms:** Are there any symptoms that are stopping you doing everyday things? | **Angina?**  **Breathlessness?** | | |

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| **Asthma checks** | **Latest results** | **Previous results** | **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.

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| **Your care planning appointment was with:** | | | |  |  | **Date:** | | | |
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| **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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