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.** |
| 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 |
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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. * Type 2 diabetes – 140/80
* Chronic kidney disease – 130/80

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 weightSingle Code Entry: Body mass index | Single Code Entry: Body weightSingle Code Entry: Body mass index |  |
| **Cholesterol and Cardiovascular Risk:**Most people with diabetes will be advised to take statin tablets to reduce their risk of heart attacks, stroke and other types of vascular disease. Non-HDL cholesterol is the bad type of fat in your blood. The aim is to reduce non-HDL cholesterol by 40% or below 2.5 mmol/L. | Single Code Entry: Serum cholesterol level... | Single Code Entry: Serum cholesterol level... |  |
| **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 Levels:** HbA1c is an overall measure of your glucose levels over the past 8-10 weeks. Your healthcare professional may suggest a personalised target level for you during your review. In general, levels between 48 and 59 are associated with the lowest risk of health problems.  | Single Code Entry: Haemoglobin A1c level... | Single Code Entry: Haemoglobin A1c level... |  |
| **Kidney Tests:**Your kidneys are tested by looking at two tests:1. An early morning urine test (albumin/creatinine ratio). ACR results are better if under 3.0.
2. A blood test (eGFR) checks how well your kidneys are working. Ideally your eGFR should be above 60 and be stable
 | **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... |  |
| **Eyes:** Your eye check looks for any changes to tiny blood vessels at the back of your eye. This will be done at a different time to the other checks. Your last screening was done on: | Single Code Entry: O/E - retinal inspection... | Single Code Entry: O/E - retinal inspection... |  |
| **Feet:** Your yearly foot check looks for problems with blood flow (circulation) or the feeling (nerves) in your feet. | Single Code Entry: O/E - Left diabetic foot at low risk...Single Code Entry: O/E - Right diabetic foot at low risk... | Single Code Entry: O/E - Left diabetic foot at low risk...Single Code Entry: O/E - Right diabetic foot at low risk... |  |
|  |  |  |  |
| **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... |  |
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| **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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