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?** | | | |
|  | | | |
|  |  |  |  |
| **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 | |
|  |  |  |  |
| **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** |
| **Your heart and stroke risk score:**  This is your risk of developing heart disease over the next 10 years. The score uses your personal information, your age and the results in this letter. In general, it is better if the score is less than 10%.  You can lower your risk by being more active, stopping smoking, losing weight and eating healthily as well reducing the amount of alcohol you drink. Treatment to reduce the risk is usually offered to people with a score of more than 10%. |  |  |  |
| **Blood Pressure (BP):** Keeping your blood pressure below 140/90 helps keep your heart and circulation healthy. | Single Code Entry: O/E - blood pressure reading | Single Code Entry: O/E - blood pressure reading |  |
| **Weight (Kg) and Body Mass Index (BMI):** A BMI of 18.5-24.9 indicates you are a healthy weight for your height. | Single Code Entry: Body weight | Single Code Entry: Body weight |  |
| **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 |  |
| **Cholesterol and Blood Fats:**  Your non-HDL cholesterol should be lower than 4mmol/L and your total cholesterol should be 5mmol/L or less. | Single Code Entry: Serum cholesterol level... | Single Code Entry: Serum cholesterol level... |  |

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| **Checking if you are at risk of developing type 2 diabetes - HbA1c:** A blood test called HbA1c measures your glucose levels over the last 8-10 weeks. A level above 42 would suggest you are at 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... |  |

**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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