**Preparing for care planning**

**Full name: DOB: NHS No:**

Here are your test results along with some things to think about before your care planning appointment. Please have this available at your appointment.

At your appointment we will talk about:

* what is important to you
* any questions you might have
* things you can do to live well and stay well

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| **What are the most important things to you at the moment?** |
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| **These are things that people sometimes want to talk about.** | | |
| Bathing and hygiene | My current care | Looking after family, carers and pets |
| Finances | Independence | Getting out and about |
| Feeling low or anxious | Feeling scared | Feeling hopeless |
| Medication | My future health | Eating and drinking |
| Keeping warm | My memory | Hearing |
| Staying steady | My weight | Slowing down |
| Support to stay at home | Pain | Mobility |
| Loneliness | Smoking | My sight |

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| **What else would you like to discuss?** |
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| **GENERAL HEALTH AND WELLBEING ISSUES** |

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| **WEIGHT** | |
| Being overweight can make your condition harder to control. It can increase your chances of health problems. | |
| **CURRENT** | **PREVIOUS** |
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| **BODY MASS INDEX (BMI)** | | | |
| Your BMI tells you if you are a healthy or unhealthy weight for your height. | **Low risk** | **More risk** | **Higher risk** |
| 20 to 25 | 25 to 30 | Above 30 |
| **CURRENT** | **PREVIOUS** | | |
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| **SMOKING** | | | |
| Stopping smoking is one of the best things you can do to stay healthy. | **Low risk** | **More risk** | **Higher risk** |
| Non smoker | Ex or passive | Tobacco user |
| **Current smoking status** |  | | |

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| **MOOD** |
| How you feel can make a big difference to your health – have a think about how your long term condition has affected your mood recently.   * 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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| **HEART TESTS AND CHECKS** |

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| **BLOOD PRESSURE** | | | |
| Keeping your blood pressure below 140/90 reduces your risk of health problems (a level below 130/80 is used if you have kidney disease). | **Low risk** | **More risk** | **Higher risk** |
| Less than 140/90 | 140/90 to 160/100 | 160/100 or above |
| **CURRENT** | **PREVIOUS** | | |
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| **CHOLESTEROL AND BLOOD FATS** | | | |
| Non-HDL cholesterol is the bad type of fat in your blood and the ideal level is below 2.5 mmol/L. | **Low risk** | **More risk** | **Higher risk** |
| Less than 2.5 | 2.5 to 4.0 | Above 4 |
| **CURRENT** | **PREVIOUS** | | |
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| **OTHER TESTS AND CHECKS** | | | |
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| **KIDNEY TESTS: Blood Test (eGFR)** | | | |
| A blood test (eGFR) checks how well your kidneys are working. Your eGFR should be above 60 and be stable. | **Low risk** | **More risk** | **Higher risk** |
| Above 60 | 45 to 60 | Below 45 |
| **CURRENT** | **PREVIOUS** | | |
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| **DIABETES SCREENING TEST: HbA1c** | | | |
| A blood test called HbA1c can detect diabetes. A level above 42 means you are at risk of developing diabetes and over 48 that you may have diabetes. | **Low risk** | **More risk** | **Higher risk** |
| Less than 42 | 42 to 48 | Above 48 |
| **CURRENT** | **PREVIOUS** | | |
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| **HOW DOES YOUR HEART PROBLEM AFFECT YOU?** |
| Are symptoms such as angina, chest pain or breathlessness stopping you doing everyday things? Have a think about how your long term condition has been affecting you. |

**Your care planning summary**

This will be used to summarise the conversations you have at your care planning appointment and the plan you agree.

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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* |
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| **Follow up/review of goal/action plan:** | | | | | | | |
| **When:** | | **Where:** | | | | | |