

Care Plan

Dear

When we met to talk about your care plan we discussed:

What recovery means to you and your long term goals and you said:

What matters to you and you said:

Your skills and strengths and you said:

We talked about how satisfied you were with:

- Your **mental health** and you rated that as: .
Goals and actions we can work on together:

- Your **physical health** and you rated that as: . Goals and actions we
can work on together:

- Your **job situation** and you rated that as: . Goals and actions we
can work on together:

- Your **accommodation** and you rated that as: . Goals and actions we can work on together:
- Your **leisure activities** and you rated that as: . Goals and actions we can work on together:
- Your **friendships** and you rated that as: . Goals and actions we can work on together:
- You were with your **partner/family** and you rated that as: . Goals and actions we can work on together:
- Your **personal safety** and you rated that as: **3 = Fairly Dissatisfied** . Goals and actions we can work on together:

[Click here to enter text.](#)

- Your **medication** and you rated that as: . Goals and actions we can work on together:
- With the **practical help** you receive and you rated that as: . Goals and actions we can work on together:
- With your **consultations** with mental health professional and you rated that as: . Goals and actions we can work on together:

We will work together on those areas you have identified as feeling dissatisfied with using your skills and strengths, when we meet up for our appointments.

YOUR PHYSICAL HEALTH

We also carried out some physical health tests and the results are below:

Drug information

We asked if you took drugs for recreational purposes or any prescription medications other than for the purpose they are prescribed, and you told us

Did we offer you a specialist referral?

Your Alcohol information

We asked if you drank alcohol and you told us: [Click here to enter text.](#)

Audit C total score:

Did we refer or signpost you to a specialist service ?

Your Smoking status

We asked if you were a smoker and you responded:

We asked what did you smoke, how often and how much, you told us

Type	Consumption	Consumption basis	Comments
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We offered you:

-Very Brief Advice (VBA) on smoking:

- Stop smoking service?

-Stop smoking medication?

Your height, weight and BMI

Assessment date: [Click here to enter text.](#)

Your Height: [Click here to enter text.](#)

Your Weight: [Click here to enter text.](#)

Your BMI

Comment

Your blood glucose levels

Date completed:

Your Blood glucose level was:

Your HbA1C result:

Test Analysis	Results
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Comment

Your blood pressure

Systolic:

Diastolic:

Comment

Your lipid levels

Total cholesterol:

HDL Cholesterol:

Comment

Yours sincerely,

Copy given to: