

About me: What Matters to Me

Personalised Care Planning

Your **About Me** personalised plan is an opportunity to set out your wishes and consider **what matters to you** in supporting your health and wellbeing needs. We hope you find it useful to share with others who may support you. This is your information, for you to keep. We will ask and check to make sure it stays up to date and keep a record of this within our electronic care systems. The information contained in this document will help to develop your personalised care and treatment plans. Please note, this document is not a clinical treatment plan.

Your support

The person who supports and knows me best is: Family ☐ Friend ☐ Other ☐

Name:	Relationship:
Telephone number (24hours):	Address:

What do they help you with at home?

Please tick as appropriate:

No support required <input type="checkbox"/>	Washing and dressing <input type="checkbox"/>	Preparing meals <input type="checkbox"/>
Helping with medication <input type="checkbox"/>	Shopping <input type="checkbox"/>	Housework <input type="checkbox"/>
Other <input type="checkbox"/>	Emotional support <input type="checkbox"/>	

If other, please state and how often

Do you have any formal help at home?

Please tick as appropriate:

Meals on wheels <input type="checkbox"/>	Day care <input type="checkbox"/>	Respite care <input type="checkbox"/>
Other <input type="checkbox"/>	Not required <input type="checkbox"/>	

If other, please state what and how often

Do you have a pet? Yes ☐ / No ☐

In an emergency, who will look after your pet?

Telephone number:

My details

Date:	NHS number:
Full name:	
I'm known as:	
Date of birth:	
Cultural beliefs:	

Home address

House name or number:	
Street:	
Town:	
County:	
Postcode:	Is this a shelter/care/nursing home? Yes <input type="checkbox"/>
Key safe contact details:	

Contact numbers

Landline:	Mobile:
Email:	

Are you a carer? Yes ☐ / No ☐

Do you require an interpreter? Yes ☐ / No ☐

Medical Practice

GP practice name:	Postcode:
Named practitioner:	Telephone number:

Care agency/care team

Care agency/team name	Postcode:
Named practitioner:	Telephone number:

Carers emergency scheme

Carers Emergency Scheme:	Scheme ID:
Telephone number: 0845 056 8035	

What is most important to me

A description of what is most important to you.

People who are important to me and why

Details of who is important to you and why.

How I communicate

A description of how you communicate normally and how to communicate with you.

Also worth knowing about me

A description of what is also worth knowing about you for people caring or supporting you.

My strengths

Any strengths and skills you have relating to your goals and hopes about your health and wellbeing.

My needs, concerns or problems

Details of your needs, concerns or problems.

What do I need?

Any questions or information you need to know to support you to make a decision about your care.

Anything else

You may want to talk about your culture, if you are a parent, what has worked well in the past or things you would not want to try again.

Most importantly, it's about anything else that matters to you.

My wellness

Describe how you engage with others and how you feel on a typical day, through to a day when you are feeling unwell or very unwell.

Discharge

How will you know you are ready for discharge?

What will need to be in place?

Relapse indicators or early warning signs

Please tick as appropriate:

Do you have a ReSPECT in place?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Is there a concern on Mental Capacity (MCA) in place?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Do you have a Deprivation of Liberty (DoLs) in place?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Do you have a Lasting Power of Attorney in place? (financial)	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Do you have a Lasting Power of Attorney in place? (health & welfare)	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Do you have a Lion's Message in a Bottle stored in your fridge?	Yes <input type="checkbox"/> / No <input type="checkbox"/>

The Triangle of Care supports effective engagement between you, your family or carer and the health professional. It aims to ensure that appropriate carer inclusion is considered throughout the patient/ service user's care journey. You can complete this plan by yourself, with family and carer, with a member of staff, or together with staff and family/carers.



I consent/don't consent to the plan being shared with relevant health and social care professionals: ☐

Name and signature of the health practitioner who helped me with this care plan

Name:		Job title:	
Signature:		Phone number:	

My plan will require reviewing if my needs change: ☐

Completion date: