

My Health Action Plan

This is me

This belongs to me.

Please return it to me after you have looked at it.

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| --- |
| **Date** **My Health Action Plan** |
| Name |  | Date of Birth |  |
| Address |  |  |  |
| **My health need** | **Health Action to be taken** | **Who will help me?** | **When we will check it is done** |
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For further information on completing this document, please contact a member of the health facilitation team.

Health facilitators are located at the learning disability community team bases which are detailed below:

**Wirral— Stein Centre**

**Address**: The Stein Centre, St Catherine’s Hospital, Derby Road, Birkenhead, Wirral, CH42 0LQ

**Tel:** 0300 303 3157

**Cheshire West —Eastway**

**Address:** Countess of Chester Health Park, Liverpool Road, Chester

CH2 1BQ

**Tel:** 01244 397 222

**Cheshire West (Vale Royal) - Wyvern House**

**Address: The Drumber, Winsford, Cheshire CW7 1AH**

**Tel:** 01606 288850

**Cheshire East (South Cheshire) - Stalbridge Road Clinic**

**Address:** 54 Stalbridge Road, Crewe, Cheshire CW2 7LP

**Tel:** 01270 656 335

**Cheshire East – Rosemount Lodge**

**Address:** Chester Road, Macclesfield, Cheshire, SK11 8QA

**Tel:** 01625 509 013

**Trafford**

**Address:** 3rd Floor, Waterside House, Sale Waterside, Sale, Manchester M33 7ZF

**Tel:** 0161 912 2810

**For more information see www.cwp.nhs.uk.**

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