My next care planning meeting is	
at	_
date:	_
time:	_

I am happy with my care plan	
signed:	
date:	



This form will be kept in a file

The words will be put on a computer



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

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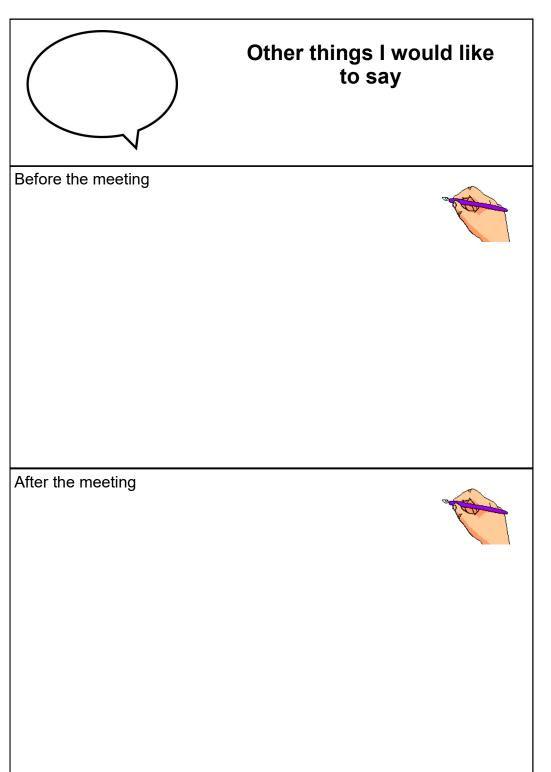
My Care Planning Meeting





Things I would like to say at my care planning meeting

My name				
Date of birth				
My care plannin	g meeting is	Picture of venue		
-25	ate:			
ti	me:			
My care coordinator/lead professional is				
name:telepho	ne:			





My money



Before the meeting



After the meeting





Having an advocate

An advocate is someone who can support you at your care planning meeting or speak up for you at any time.

If you would like an advocate

Please tell us.

We can give you more information or get someone from the advocacy service to come and talk to you.

If you have an advocate



My advocate is:

name:

address:



telephone:

The people who are coming to my meeting:





My mental health

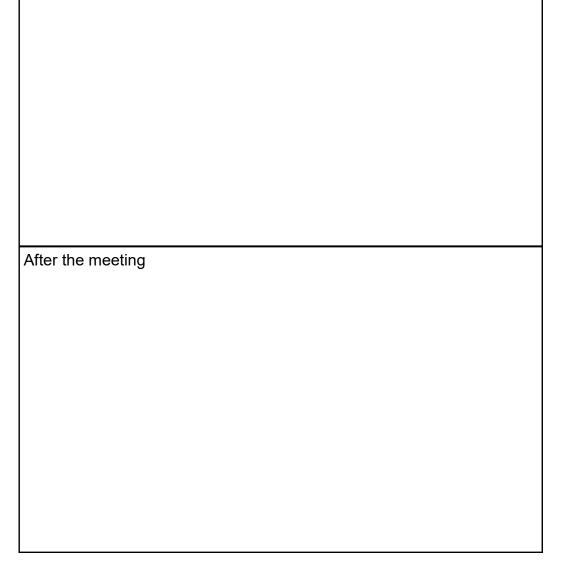


Before the meeting	
After the meeting	



My physical health







Where I live



Before the meeting



After the meeting





What I do in the day



Before the meeting





My hobbies and leisure activities



Before the meeting



After the meeting



After the meeting

