Continuing Healthcare

Personal Health Budgets

* Ask what matters
* Listen to what matters
* Do what matters

|  |
| --- |
| 1. **What is my current situation?**

**Please include in this section details of any health conditions or disabilities that have an impact on your need for support. This could include any diagnosis or health conditions, medication required, dietary needs associated with the condition(s) and healthcare professionals already involved in your care.** |
|  |
| 1. **My timetable**

**(Please include all areas of support you need, particularly around managing your health condition and staying safe. Look at the things that are important to you for activities to include.** |
|  | **Morning**  | **Afternoon** | **Nightime** |
| **Monday**  |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday**  |  |  |  |
| **Saturday** |  |  |  |
| **Sunday** |  |  |  |

|  |
| --- |
| 1. **Please include things that are working well that you like to keep the same.**
 |
|  |

|  |  |
| --- | --- |
| **4. Things that are not working so well that I would like to change.** | **5. How I would like to change the things that are not working so well** |
|  |  |

|  |
| --- |
| **6. Views of my family / carers**  |
|  |