

Mental Health Personal Care Plan

Date: / /

Name:

DOB:

Please answer the following questions in the space provided by Ticking the most appropriate option.

Your diet?

- ☐ Good- Balanced including fruit & veg, fish & meat
- ☐ Average
- ☐ poor - mainly fast food or over eating or under eating

Your Exercise ?

- ☐ Enjoy heavy exercise
- ☐ Enjoy moderate exercise
- ☐ Enjoy light exercise
- ☐ Get no exercise
- ☐ Exercise physically impossible

Smoking status ?

- ☐ Never smoked tobacco
- ☐ Ex-smoker
- ☐ Smoker

Substance Misuse ?

- ☐ Have never misused drugs
- ☐ Misused drugs in the past
- ☐ Misused of prescription only drugs
- ☐ Injected drug
- ☐ Harmful substance use

Do you have a carer?

- ☐ Don't have a carer
- ☐ Have a carer
- ☐ have paid carer
- ☐ Have voluntary carer
- ☐ Have informal carer
- ☐ Decline to disclose carer status

Your accommodation status ?

- ☐ Live in Own home
- ☐ Live in rented accommodation
- ☐ Live in bed and breakfast accommodation
- ☐ Live in Residential hostel
- ☐ staying with friends for short term
- ☐ Sofa surfer-no fixed abode
- ☐ living rough
- ☐ Decline to disclose housing status

Your Employment status ?

- ☐ Unemployed
- ☐ Full-time employed
- ☐ Part-time employed
- ☐ Self-employed
- ☐ Training
- ☐ Voluntary work
- ☐ House wife/husband
- ☐ Decline to disclose status

Your Financial status ?

- ☐ Income sufficient to meet needs
- ☐ Financial affairs managed by third party
- ☐ Income In-sufficient to meet needs
- ☐ In Debt

Your Known Height ?**Your Known Weight ?****Alcohol Units Per week?**

(e.g. bottle of wine is 10 units & pint of beer is 2 unit)

Social Assessment

- ☐ Not socially isolated
- ☐ Support from caring community
- ☐ Provisions of community based care package
- ☐ Social withdrawal
- ☐ Social isolation

Below are some statements about feelings and thoughts**Please tick the box that best describes your experience of each over the last 2 weeks**

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been dealing with problems					
I've been thinking clearly					
I've been feeling close to other people					
I've been able to make up my own mind about things					

Tick if you would like us to send you information on;

Cervical screening (for 25-64 yrs)☐**Breast screening advice (for 50-70yrs)**☐**Bowel screening advice (for 60-74yrs)**☐

Recovery and staying Well Plan: Complete the text boxes below.

What are the signs of you becoming unwell? e.g. loss of sleep, added stress, hallucination etc.

1-

2-

3-

Anticipatory care plan: What you feel you need to support you? Eg. Take medication, Support with benefits, housing etc.

1-

2-

3-

Goals and priorities? What would be feeling better look like for you? Eg. Being housed, amended relationship with friends and family etc.

1-

2-

3-

What would your health action plan look like? e.g losing weight, getting active, new career, learn new skills etc

1-

2-

3-