**Personal Wellbeing Plan**

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| **Name:.......** |  | **DOB:..........** |  |
| **Address:** |  | **NHS No:** |  |

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| **What are the changes that you notice in yourself when you are feeling stressed or unwell?**Hint: You may notice changes to your appetite, sleep, thought patterns, communication, energy levels, level of engagement with services, temper, emotions,etc. ………………………………………………………….. |
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| **What can you do to help yourself through this period?..........................................................................................** |
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| **Who makes up your support network?...........................................................................................................................**Hint: Include family, friends, work colleagues, tutors, doctor/s, nurses, social workers, counsellors, keyworker/linkworker, church/faith organisation, clubs/societies, internet communities, etc.  |
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| **What help would you like others to provide?................................................................................................................**

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| Name/Group of people………………………………………… | Support I would find helpful………………………………. |
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| **Who would you like to share this plan with?.................................................................................................................** |
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| **Signature:....** |  | **Date completed:.....** |  |