**Personal Wellbeing Plan**

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

|  |
| --- |
| **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. ………………………………………………………….. |
|  |

|  |
| --- |
| **What can you do to help yourself through this period?..........................................................................................** |
|  |

|  |
| --- |
| **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. |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What help would you like others to provide?................................................................................................................**   |  |  | | --- | --- | | Name/Group of people………………………………………… | Support I would find helpful………………………………. | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |

|  |
| --- |
| **Who would you like to share this plan with?.................................................................................................................** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:....** |  | **Date completed:.....** |  |