

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



My Care Planning Meeting



Things I would like to say at my care planning meeting

My name _____

Date of birth _____

My care planning meeting is

at: _____



date: _____



time: _____

My care coordinator is

name: _____



telephone: _____



My health



Before the meeting



After the meeting





What I do in the evenings and at weekends

Before the meeting



After the meeting



The people who are coming to my meeting:





Where I live



What I do in the day



Before the meeting



Before the meeting



After the meeting



After the meeting

