

Name

I like to
be called

Date of birth:

Your health plan after today's appointment

Today (date)

I have seen you for



We have agreed:

i (Please write in simple language with clear handwriting and drawings if necessary, what the person needs to do, any medication - the exact details of how to take etc. Before they leave, ask them to repeat the plan to you, ensuring they have understood. If there is doubt about whether they fully understand, establish who supports them, and whether you can contact them.)

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This will help you:

i (Please list why this is of benefit to their health in simple language.)

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Things to look out for:

i (Please list possible side effects or anything that means they should get urgent help, and what they should do.)

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After this, we will:

i (Please write what they need to do/if there is a follow up plan or if they are not better following the above.)

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i Note to health professional – If you are concerned the person does not have capacity to understand and consent to this plan, then your clinical decision is being made in the person's best interest. For complex decisions, you may choose to link with the key people in the person's life to support you in making this best interest decision.