

My Health Plan



Take
Charge



Name:

NHI:

GP:

Your plan for living well with one or more ongoing health conditions

About me

This plan is so everyone involved in my health knows:

- About my health condition(s)
- What is important to me and my goals
- The main decisions that my healthcare team and I have made

My name:

I like to be known as: I like to be spoken to in:

The people/family/whānau I want to include in any decisions about my health are:

.....
.....
.....

About me: (such as what I do, any disabilities, my hobbies and interests)

.....
.....
.....

My health conditions and ongoing issues:

| | |
|---------|---------|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |

Any allergies and medical alerts:

.....
.....

| | | | |
|-----------------------------|-----|-----------------------------|------------|
| I have a Patient Portal | Yes | No, but I want to know more | Not for me |
| I have an Advance Care Plan | Yes | No, but I want to know more | Not for me |
| I have an Advance Directive | Yes | No, but I want to know more | Not for me |



For more information about patient portals and advance care plans see **page 36 and page 37** of the accompanying toolkit.

My healthcare team

My healthcare team's contact details

GP: Phone:

Nurse:

GP Practice address:

.....

After hours: Phone:

Pharmacy: Phone:

In an emergency:

Patient portal:

My support team (including family/whānau, specialist, nurse specialist, physio etc):

| Name: | Role: | I can visit/ call/ text/ use social media: |
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HELPLINES There is always someone who can help, day or night.
Healthline 0800 611 116 for free advice from trained registered nurses.
Depression Helpline 0800 11 757 for a trained counsellor.
Phone or text 1737 to talk with someone now if you are worried about suicide.
Anxiety Line 0800 ANXIETY (2694 389) for a trained therapist.

Medicines list

List of all my medicines, puffers, creams, drops and supplements

| Medicine name(s) | Strength | Medication times & dose | | | | | What is it for? | Questions |
|------------------|----------|-------------------------|--------|-------|--------|-----|-----------------|-----------|
| | | Waking | B/fast | Lunch | Dinner | Bed | | |
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Also include puffers, eye drops, vitamins, supplements, herbal/rongoā products. Talk with your doctor, nurse or pharmacist before stopping any medicines. Copy this sheet if you need a second page or download one from www.hn.org.nz – search for **medication list**.

What's important to me?

Let's identify what is important to you

- ▶ This helps you keep motivated to keep well.
- ▶ Don't let health issues stop you from doing the things that are important to you.

Here are some things that other people have said are important to them:

finishing the course I'm studying

visiting my son and family overseas

getting back to work

taking grandchildren fishing

helping out at church

looking after my dog and staying in my own home

▶ Write down what is most important to you:

ME

What's stopping me?

Lots of things can make it harder to do what is important to you

► Look at each problem below and circle the number that's the closest fit for you:

| | Not a problem | | | | | Big problem | |
|---|---------------|---|---|---|---|-------------|----|
| Smoking | 😊 | 1 | 2 | 3 | 4 | 5 | ☹️ |
| Stress, and worry | 😊 | 1 | 2 | 3 | 4 | 5 | ☹️ |
| Feeling low, sad, down | 😊 | 1 | 2 | 3 | 4 | 5 | ☹️ |
| Shortness of breath | 😊 | 1 | 2 | 3 | 4 | 5 | ☹️ |
| Being tired, no energy | 😊 | 1 | 2 | 3 | 4 | 5 | ☹️ |
| Sleep problems | 😊 | 1 | 2 | 3 | 4 | 5 | ☹️ |
| Pain | 😊 | 1 | 2 | 3 | 4 | 5 | ☹️ |
| Family issues | 😊 | 1 | 2 | 3 | 4 | 5 | ☹️ |
| Understanding my health condition(s) | 😊 | 1 | 2 | 3 | 4 | 5 | ☹️ |
| Being able to relax | 😊 | 1 | 2 | 3 | 4 | 5 | ☹️ |
| Being overweight | 😊 | 1 | 2 | 3 | 4 | 5 | ☹️ |
| Money issues | 😊 | 1 | 2 | 3 | 4 | 5 | ☹️ |
| Being active | 😊 | 1 | 2 | 3 | 4 | 5 | ☹️ |
| Getting out and doing things that I enjoy | 😊 | 1 | 2 | 3 | 4 | 5 | ☹️ |
| Sexual problems | 😊 | 1 | 2 | 3 | 4 | 5 | ☹️ |
| Healthy eating | 😊 | 1 | 2 | 3 | 4 | 5 | ☹️ |
| Work | 😊 | 1 | 2 | 3 | 4 | 5 | ☹️ |
| Taking medicines | 😊 | 1 | 2 | 3 | 4 | 5 | ☹️ |
| Knowing what to do when I get sick | 😊 | 1 | 2 | 3 | 4 | 5 | ☹️ |
| Drinking too much alcohol | 😊 | 1 | 2 | 3 | 4 | 5 | ☹️ |
| Stressful relationships | 😊 | 1 | 2 | 3 | 4 | 5 | ☹️ |

► *Is there anything else you would like to add?*

Show this
to your
healthcare
team!

My Plan

My goal and action plan

▶ **My goal:** One thing I am going to work on:

Why do I want to do this?

How will this help?

What could I do to achieve this: Make a list, *choose one thing you could do.*

.....
.....
.....

▶ **My Action Plan:** What will I do:

.....

How much or how often will I do this:

.....

When will I do this:

.....

Who can help me:

.....

.....

How confident am I that I can do this: 😞 1 2 3 4 5 6 7 8 9 10 😊

Other things I will do to help and ask my healthcare team about:

.....

.....

Things I am not ready to do yet:

.....

Show this
to your
healthcare
team!

My Plan

| Other key health or wellbeing issues | | | | | | |
|--------------------------------------|---------------|------------------|-----|-----------|--|--|
| Key issues | Aim or target | Actions or notes | Who | Follow up | | |
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Key issues can be anything that's important such as current health conditions, any issues you or your healthcare team want to highlight, social issues, etc. For examples, visit hn.org.nz/summaryplans

What to do when unwell

My early warning signs plan

- ▶ Understanding your symptoms and taking action when you first notice a change can help stop your condition getting worse

What I need to do – Also known as an Acute Plan or Emergency Plan

FEELING GREAT

How do I know?

.....
What can I do when I'm feeling great?
.....

STARTING TO FEEL UNWELL

How do I know?

.....
What can I do to feel better?
.....

GETTING WORSE

How do I know?

.....
What can I do?
.....

EMERGENCY

How do I know it's an emergency?

.....
What should I do?
.....

 Learn more at: www.hn.org.nz – Search for **action plans**.

My Progress

To keep track of my health

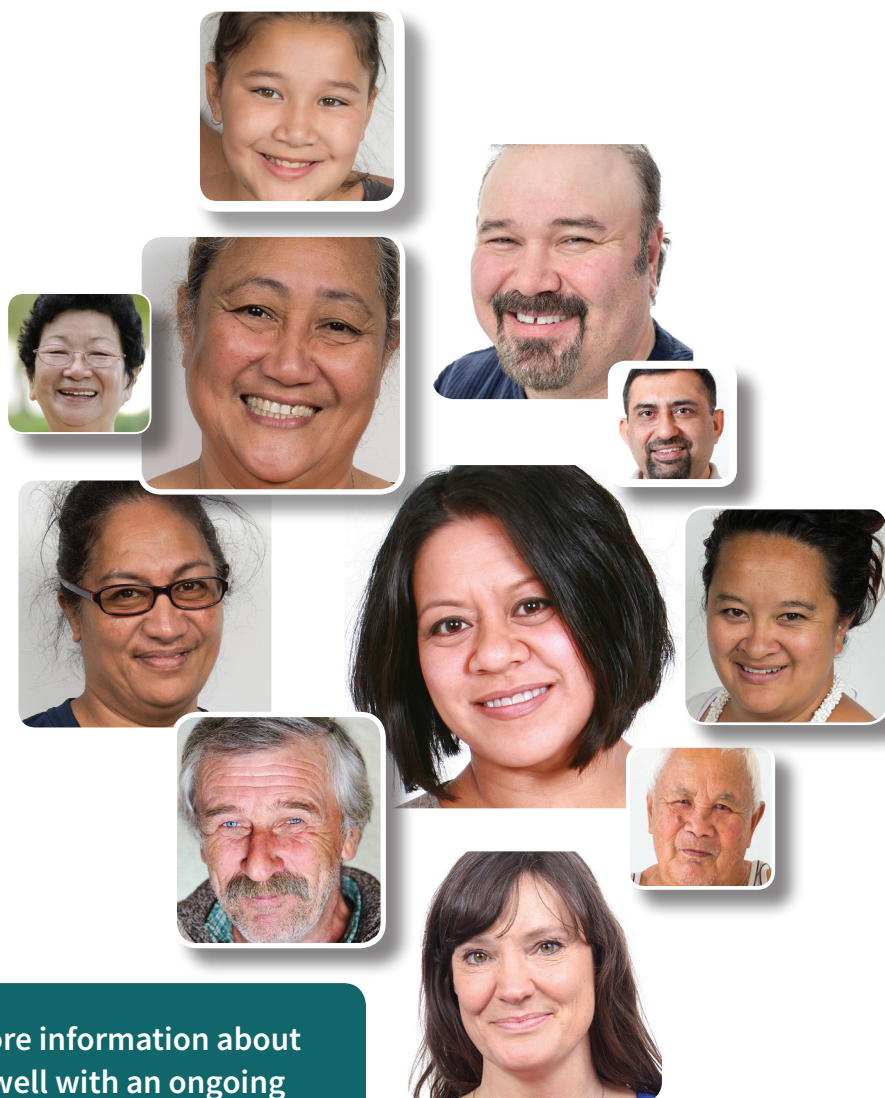
Choose and add other areas you'd like to track such as peak flow levels, HbA1C (diabetes level), uric levels, physical activity, waist circumference, heart age, mood, overall wellbeing, pain levels etc.

| Name: | Target: | Date: | Date: | Date: | Date: |
|----------------|---------|-------|-------|-------|-------|
| Blood Pressure | | | | | |
| Weight | | | | | |
| Cholesterol | | | | | |
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My check-ups

To keep track of my regular checks and appointments

| Visit | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| GP Visit | | | | | | | | | | | | | |
| Nurse Visit | | | | | | | | | | | | | |
| Specialist Visit | | | | | | | | | | | | | |
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| Dietitian | | | | | | | | | | | | | |
| Eye Check | | | | | | | | | | | | | |
| Feet Check | | | | | | | | | | | | | |
| Dentist | | | | | | | | | | | | | |



For more information about living well with an ongoing health condition(s), visit the Health Navigator website: www.hn.org.nz



Acknowledgements:

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