

My next 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



For more information see www.cwp.nhs.uk.

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Leaflet code: E-MCPARM-11-481



My care planning and review meetings



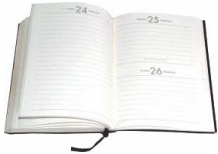
Things I would like to say
at my meetings

My name _____

Date of birth _____

My meeting is

at: _____



date: _____

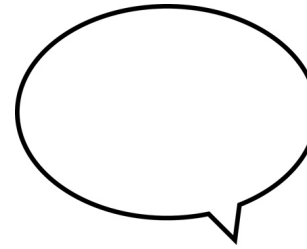


time: _____

The staff who are coming to my meeting

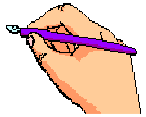
name: _____

name: _____

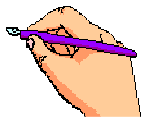


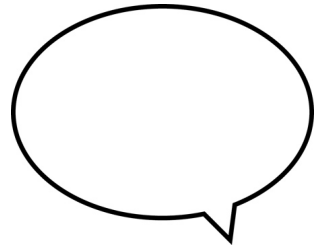
Other things I would like to say

Before the meeting



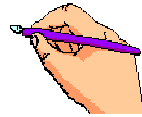
After the meeting



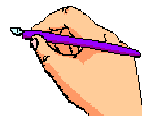


Other things I would like to say

Before the meeting



After the meeting



Having an advocate

An advocate is someone who can support you at your meeting or speak up for you at any time.

If you would like an advocate

Please tell us.

We can give you more information or get someone from the advocacy service to come and talk to you.

If you have an advocate



My advocate is:

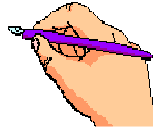
name:

address:



telephone:

The people who are coming to my meeting:

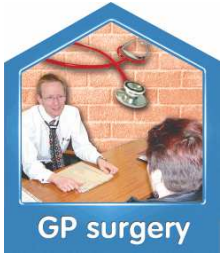


My money



Before the meeting

After the meeting



GP surgery

My health



Before the meeting

After the meeting

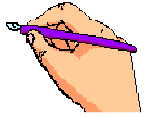


My house

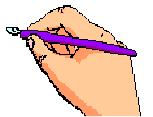
Where I live



Before the meeting



After the meeting

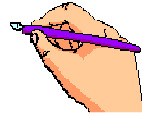




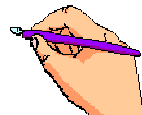
What I do in the day



Before the meeting

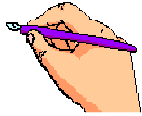


After the meeting



What I do in the evenings and at weekends

Before the meeting



After the meeting

