

My Plan for COVID-19

Date completed:

My personal details

My name:
I like to be called:
My NHS number:
My date of birth:

My address:

My landline number is:

My mobile number is:

Next of kin name:

Next of kin mobile number:

Contacting me

I use WhatsApp for video calls I use Facetime I use my mobile I only use my landline

My pharmacy details

My community pharmacy is:

My medicines are delivered

My medicines are collected

I request my repeat medicines electronically by phone at the surgery

My health

My long term conditions are:

The care and the help I receive

I currently receive help with shopping and housekeeping

From a Care Agency / private carer - Name of agency/ private carer:

From family and/or friends – Name:

I don't receive any help from anyone

I need some help but don't currently have any

I currently receive care with washing and dressing

From a Care Agency / private carer - Name of agency/ private carer:

From family and/or friends – Name:

I don't receive any care from anyone

I need some help but don't currently have any

The following describes how independent I am at the moment

I don't depend on others for daily help but my health limits what I can do. I am sometimes slowed up and/or tired during the day. 4

I am often slowing down. Before I isolated at home I was finding it difficult to shop, walk outside alone and/or do heavy housework. 5

I need help with all housekeeping, I struggle with stairs and I would need help with a bath 6

I need help with washing and dressing and can only walk a very short distance on my own 7



My current Covid plan

I am self-isolating at home: On my own With my spouse With a family member or friend

Or

I am socially distancing but not self-isolating at home

My wellbeing

My plan to keep my spirits up and feel well is:

My back up plan

My back up plan if I became unwell is *(e.g. one of my family members will come and stay with me / my neighbour can help etc...)*:

My plans for my healthcare in the future

I have a Lasting Power of Attorney Yes No

I have a completed ReSPECT plan Yes No

I would like to have a ReSPECT plan Yes No

Who is the first person who I will contact if I need help?

Name:

Who they are to me: *(e.g. my daughter / brother / close neighbour)*

Their mobile number: