



Personalised Wellbeing Plan for Deaf people

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **My name:** | | | | | | **I like to be known as:** | | | | | | | |
| **NHS Number:** | | **Phone number:** | | | | | | | **Email Address:** | | | | |
| **Address:** | | | | | | | | | | | **Post Code:** | | |
| My communication | | | | | | | | | | | | | |
| 🞎 My language is British Sign Language or Sign Supported English | | | | 🞎 I want to use [www.bslhealthaccess.co.uk](http://www.bslhealthaccess.co.uk) to access a free BSL Interpreter by video for all medical care or information.  I will need access to WIFI or a location with a strong 4G signal. | | | | | | | | | |
| My communication aids | | | | | | | | | | | | | |
| 🞎 Hearing aid/s  in my right/ left/ both ears | 🞎 Cochlear implant(s) in my right/left/ both ears | | 🞎 I need to see your lips when you speak to me | | | | 🞎 I don’t use hearing aids or other aids | | | | | | 🞎 Other: |
| If I need emergency care please take care of my communication aids.  Make sure they are working and that I have a supply of batteries. | | | | | | | | | | | | | |
| My sight | | | | | | | | | | | | | |
| 🞎 I have Usher Syndrome | 🞎 I have better sight in my left / right eye | | | | 🞎 I wear glasses/contact lenses | | | | | Other: | | | |
| Things you need to know about my health | | | | | | | | | | | | | |
| **My health condition(s)…** | | | | | | | | | | | | | |
| **Medication I take …** | | | | | | | | | | | | | |
| **It is kept …** | | | | | | **I take it by:** | | | | | | | |
| **What matters to me most whilst I am staying at home and keeping away from people.** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **What support I will need whilst I am staying at home and keeping away from other people** | | | | | | | | | | | | | |
| **What I am worried about whilst I am staying at home and keeping away from people...** | | | | | | | | | | | | | |
| **What I will do…** | | | | | | | | | | | | | |
| **What my family, friends and neighbours will do …** | | | | | | | | | | | | | |
| **Other help I will need …** | | | | | | | | | | | | | |
| **Where I can get help now …**  [www.signhealth.org.uk](http://www.signhealth.org.uk) Up-to-date information and advice on the Coronavirus and other health conditions in BSL | | | | | | | | | | | | | |
| If you have any questions, please contact: | | | | | | | | | | | | | |
| **My GP is** …  **Telephone**  **number:** | | **My designated**  **emergency contact is:**    **Telephone number:** | | | | | | **Relationship to me…** | | | | **Other …**  **e.g. social worker, housing**  **association, care worker**  **Telephone number:** | |