

MH Wellness and Treatment plan. WC .. Note screen shots of the electronic system.

DHB * West Coast DHB

Document Status

Document Status: * Active Inactive

| Address | GP Details |
|---|---|
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Phone

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Ethnicity

NZ European

Iwi

[REDACTED]

Display Examples for View and Print

My Journey

[REDACTED]

Who's important to me and involved in my care:

| Name | How will they support me? | Phone number | Share Plan? |
|------------|---------------------------|--------------|--|
| [REDACTED] | [REDACTED] | [REDACTED] | <input type="radio"/> Yes <input type="radio"/> No |

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Things I can keep doing to support my recovery, wellbeing and to stay well:

[REDACTED]

What I am good at and what I would like to do (strengths):

[REDACTED]

Things that challenge my wellbeing:

[REDACTED]

My early warning signs & coping plan:

[REDACTED]

| Things I know happen when I am not feeling well | What I can do and who can support me |
|---|--------------------------------------|
| [REDACTED] | [REDACTED] |

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Additional information:

[REDACTED]

Other Relevant Documents

| Type | Details (including where located) |
|------------|-----------------------------------|
| [REDACTED] | [REDACTED] |

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Goals and Aspirations

| Date Added | Description |
|------------|-------------|
| [REDACTED] | [REDACTED] |

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Actions

| Date Added | Description |
|------------|-------------|
| [REDACTED] | [REDACTED] |

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