

**MENTAL HEALTH SERVICE FOR OLDER PEOPLE**  
**Wellness Plan Front Cover Sheet**

<b>Name:</b>	<b>DOB:</b>
<b>Address:</b>	<b>NHI:</b>
<b>NOK details:</b>	<b>EPOA/Welfare Guardian:</b>
<b>GP:</b>	<b>GP Phone:</b>

Date	Diagnosis

<b>Relevant History :</b> Known Risk Issues Comment on dates, and actual and potential events. See separate risk assessment.	<b>Violence (low/moderate/high)</b>
	<b>Suicide</b>
	<b>DSH</b>
	<b>Wandering</b>
	<b>Falls</b>
	<b>Vulnerability</b>
	<b>Social isolation</b>
<b>Other</b>	

<b>Psychiatrist</b>		<b>OT</b>	
<b>Psychologist</b>		<b>CMHN</b>	
<b>S/W</b>		<b>Other</b>	

**Medications**


# Wellness Plan



Name:

Date of Plan:

Updated:

Service user participation in Wellness Plan  YES  NO If no, reason why:

Appointments discussed

YES

NO

Medications discussed

YES

NO

My triggers:

My early warning signs:

What helps me:

My Crisis Plan:

My supports:

*Personal support, friends, whanau*

My Key Worker is:

Phone number:

Available hours:

My plan for care of children, pets and household:

My plans for follow-up and engagement with other services:

Service name

What they do

Key contact person

Phone number

Service name	What they do	Key contact person	Phone number

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Affix Patient Label

**My emergency plans:**

- CAMHS duty worker Monday - Friday, 8am - 4pm: 027 425 4319
- ABC (Assessment Brief Care) Weekends or after hours: 0508 292 467 (leave a message)

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**My medications:**

Medication name	What it is for	When to take it	What I need to know

For prescribed dosage details please refer to last prescription copy or clinic letter.

**My follow up plans:**

Service name	What they do	Key contact name	Phone

**What I need from these other services:**

**CAMHS Staff Use**

WebPAS Linked       Clinical file       Family/whānau

GP       WebPAS SCR Completed      Clinician signature: \_\_\_\_\_

Date created: \_\_\_\_\_      Date/s reviewed: \_\_\_\_\_

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# HIKOI

*My journey with purpose*

Key worker:

Contact:

What is the problem?  
eg physical, emotional, friends, family,  
values, school

What invites the problem?

What do I need from others  
to make the problem smaller

My goal...

What does the problem not  
let me see?

What can I do to make the  
problem smaller?

What do I want from my life?  
eg physical, emotional, friends,  
family, values, school

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Clinician: \_\_\_\_\_  
\_\_\_\_\_

Please Adhere Service Label Here

**Alcohol and Drug Service, Monday- Friday 8am-4pm:** 06 753 7838 or 0508 292 4672 Option 6

**TDHB Assessment and Brief Care Service:** 0508 292 4672 Option 1

**Alcohol and Drug Helpline:** 0800 787 797    **Tui Ora Mental Health & Addiction Service:** 06 759 4064

**Urgent Assistance:** 111

**24/7 Counsellor text/call line:** 1737

My goals are:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

My early warning signs are:

- Thoughts of using substance       Rejecting help       Discontinuing treatment
- Impulsive behaviour       Irritation with others       Feelings of hopelessness
- Feelings of dissatisfaction       Irregular sleeping habits       "I don't care" attitude
- Other \_\_\_\_\_

My triggers are:

- Feeling hungry       Feeling tired       Feeling lonely
- Feeling angry       Feeling stressed       Social situation
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Things that help me are:

- Distraction       Going for a walk       Talking to someone
- Time off work/ responsibilities       Deep breathing       Getting a medication check
- Other \_\_\_\_\_

When things aren't going well I will:

- Call the crisis team       Call my A&D counsellor       Call an ambulance
- Supporting Parents, Healthy Children
- How can my whanau support me? \_\_\_\_\_
- Call the alcohol & drug helpline       Attend a group meeting
- Other \_\_\_\_\_

Clinician Sign: \_\_\_\_\_ Client Sign: \_\_\_\_\_ Date: \_\_\_\_\_