

 This is a draft document.

My Shared Mental Health Wellbeing Plan **PRELIMINARY**

DHB Nelson/Marlborough DHB

Document Status

Document Status: Active

Address	GP Details
	Name
	Practice
	Phone
	Address

Phone

Phone

Mobile

Ethnicity

Iwi

My Journey

—

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

Name	How will they support me?	Phone number	Share Plan?
—	—	—	—

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

—

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

—

Things that challenge my wellbeing:

—

My early warning signs & coping plan:

Things I know happen when I am not feeling well

—

What I can do and who can support me

—

Additional information:

—

Other Relevant Documents

Type	Details (including where located)
—	—

Goals and Aspirations

Date Added	Description
—	—

Actions

Date Added	Description
—	—



This plan is a live document that may be updated. For the latest electronic version refer to HealthOne/Health Connect South (HCS).