

Full name			
Preferred name			
Date of Birth			
CIRTS ID		NDIS Participant Number	
Plan dates			
LWB Recovery Coach Name			
Designing my journey			
Things I hope for Things I dream of My best life looks like....			
What is important to me. What I would like you to know is....			
What are the barriers/challenges I am facing?			
Removing the barriers, what you can do to assist me?			
Supporting wellness and recovery, the actions I need			
Under the NDIS my disability is:			
The things I do to stay well and feel better are:			
The things that are stressors for me are:			
The first things I notice when I am feeling unwell include:			
The things others may notice about me when I am feeling unwell include:			

If I start feeling unwell, the things I can do to reduce stress and help me feel well/better are:	
If I start feeling unwell, the things others can do to reduce stress and help me feel well/better are:	
The things that <u>do not</u> help me when I am unwell include:	
If I do become unwell, the things I would like to happen are:	
If I do become unwell, I would like some support with: (e.g. home/pets/bills)	

Preparing things my way, for if I become unwell		
The people that rely on me and may need checking on if I become unwell are: (e.g. children/parents/siblings)		
Name	Relationship	Contact Details

Any pets that need to be cared for if I become unwell		
Name	Pet type/ Breed	What needs to be organised and who needs to be engaged to do it.

Emergency Contacts for me are:		
Name	Relationship	Contact Details

<p>Non- Response planning:</p> <p>If I am not responding to Life Without Barriers contact – these are my preferences*</p> <p>*If LWB has cause for concern, LWB may contact emergency services.</p>	<p>The alert I want you to know is:</p> <p>If I don't return Life Without Barriers phone call (or text an acknowledgement)</p> <p>Mark each preference:</p> <p><input type="checkbox"/> make further attempts via phone – text message and call.</p> <p><input type="checkbox"/> contact my emergency contacts above</p> <p><input type="checkbox"/> contact other services to see if they have had recent contact with me.</p> <p>If I don't appear to be home for a planned appointment</p> <p>Mark each preference:</p> <p><input type="checkbox"/> knock loudly on the door and windows and check for signs that I am onsite;</p> <p><input type="checkbox"/> call out loudly to me. (If you are hearing impaired, staff should instead _____)</p> <p><input type="checkbox"/> attempt to make contact via phone;</p> <p><input type="checkbox"/> check whether the neighbours have seen me in the past 48 hours;</p> <p><input type="checkbox"/> if LWB is already approved to have access (e.g. via lockbox keys) check all rooms to locate the client</p> <p><input type="checkbox"/> leave a note to advise LWB staff attended the visit.</p> <p><input type="checkbox"/> contact other services to see if they have had recent contact with me.</p> <p>If I do not arrive at the agreed location:</p> <p>Mark each preference:</p>
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	<input type="checkbox"/> attempt to make contact via phone. Call my mobile phone and home phone (if the client has one); <input type="checkbox"/> contact other services to see if they have had recent contact with me. Any other actions I would like: _____
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These people should be provided with a copy of this Wellness Plan:		
Name	Relationship	Contact Details

This Wellness Plan was completed on:	
Client Signature	
LWB Representative name	
This Wellness Plan will be reviewed on:	(DD/MM/YYYY)

Upload to CIRTS as follows:

Plans & Assessments > New Plan > Service Type = Recovery Coaching > Plan Name – [select from drop down] Recovery Coaching Wellness Plan > relevant dates > Add New Attachment > SURNAME, First Name. YYYY.MM.DD

	Date	By	Signature
	Click here to enter text.		