My transition plan

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| --- | --- |
| Name: |  |

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|  | The things that I have been working on: |  |
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|  | The things that I have achieved since I first came here: |  |
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|  | The things that have supported my wellbeing: |  |
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|  | Things I can keep doing to support my wellbeing: |  |
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|  | My plans for follow-up with other services after I finish here: | | | |  |
|  | Service name | What they do | Key contact person | Phone number |  |
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|  | What I need from these other services: |  |
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|  | My early warning signs: |  |
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|  | My just-in-case plans: |  |
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|  | If I need support, I can contact: |  |
|  | Urgent: |  |
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|  | Non-urgent: |  |
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|  | My medications: | | | | |  |
|  | Medication name | What it does | Dose | How to take it | When to take it |  |
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|  | My appointments: | | |  |
|  | Appointment with | Date | Phone number |  |
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