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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