



My Health and Support Card

**Personalised
information and
guidance for services,
in your own words**



BRIGHTON & HOVE
COMMON
AMBITION

Brighton and Hove Common Ambition's
Drug and Alcohol Lived Experience
Programme



This Health and Support Card is to make services aware of any mental, emotional and physical needs you may have. It is separate to your 'official' records and will be written in your words. It will support you to access all drug and alcohol services more easily, to ensure your care is tailored to you and you do not have to retell your health and support needs to every new worker and service. It's to enable services to support you in the best possible way.



Please write down, in your own words, what you want services and workers to know, by answering the questions below. This will be reviewed along your journey with your Key Worker and can be edited and changed whenever you like. With your consent it can be shared with all services you attend and if you want to share it with other clients using the service you can do this too.

- There are no right or wrong answers and all questions are optional.
- Some sections may not apply to you, you don't have to complete them.
- Remember there is no judgement, this card is a tool to support your journey.
- Your Key Worker can support you to complete the questions or you can complete it on your own.





My name is (what do you like to be called?)

My pronouns are
For example, she/her, he/him, they/them

How would you describe yourself?
For example, are you shy, anxious, kind, calm, funny?

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What difficulties or challenges might you face when accessing a service?
And what support do you need from workers to overcome this?
For example, do you struggle talking to new people or with reading and writing? Is transport an issue for you?

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Not all disabilities and health needs are visible. What physical health challenges or conditions do you want services to know about? Are there certain times these happen?

For example, do you have conditions like diabetes, liver disease or heart problems? Do you suffer from headaches or aching joints? Does this happen more in the afternoon or morning?

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How might this affect you accessing services?

For example, do you need a level access room? Will it be difficult for you to access groups?

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Do you consider yourself to be neurodivergent or have sensory needs?

This can include conditions like autism, ADHD, dyslexia, and dyspraxia and it can be diagnosed or undiagnosed. Sensory needs could include visual impairment or needing adjustments to lighting and sounds.

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Are you struggling with your emotional or mental health?
For example, do you experience low mood, anxiety, depression?

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Is there anything you would like us to know about your mental health?
For example, are you on any medication? Do you have a diagnosis? Are you on a waiting list for mental health support?

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How do you feel in a group setting?
For example, do you feel anxious? Do you sometimes talk over people by mistake?

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What do you need to feel safe in a group?
For example, do you need a safe space to step out into, or the option to not talk in the session?

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Do you have any worries or fears you would like us to be aware of?

For example, do you feel claustrophobic in small meeting rooms? Do you worry about coming to meetings when it's dark outside? Do you struggle talking about certain topics?

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You can say as little or as much as you want for these questions.

Is there anything about your past, or that you are currently experiencing, that might affect the support you need?

For example, is there an experience from your past that might affect your recovery journey?

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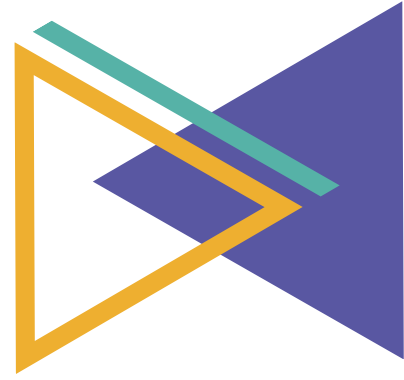
Are there any subjects that you find hard to talk about? Or any situations or times of the year that you find difficult?

For example, is there a time of year or day of the year you feel sad or angry based on a past experience?

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Is there anything that you have not already said that may make you more comfortable, or any barriers that might be stopping you from accessing the service that you would like us to know?

For example, do you have any religious beliefs? Do you have caring responsibilities or a difficult work schedule? Is transport an issue?

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A final reminder:

You can revisit and change this at any time, it will be yours throughout your journey and will not be shared without your consent.

Notes:

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Further Information and Consent Form

What will happen to this document?

This document will be stored securely by your drug and alcohol service and you will also have a copy. With your consent it will be shared with each service you use, for example when you move from detox to rehab.

Who will see the information you have written on this document?

Your Key Worker, Service Managers and Service Support staff will see this document. You can state which services you would like to see this document if it is not all of them. You can also share this with other service users and group members if you wish.

Why do you need to consent to this document being shared?

You will be sharing very personal information in this document, it is important you know who will see it and consent to this.

How will you be able to edit this document or withdraw consent to it?

Your Key Worker will come back to this document regularly and you will be able to edit it or create a new document each time. You can also ask your Key Worker to revisit this document if your circumstances change.

Do you have to consent?

No, if you do not want services to see the information you have shared, please do not complete this consent form.

Consent

- I have read and understood the information provided in the overview section on page 1 of this document and had the opportunity to consider the information and ask questions
- I understand why I am being asked to complete this document
- I understand that it will be shared with all of the drug and alcohol services I use
- I agree to share this document with all drug and alcohol services
- I agree to share this document with only some drug and alcohol services

Please state which services.....

- I agree to share this document with other service users in my detox and rehab service
- I agree to share this document with other members of groups I attend

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Name of Participant, Date, Signature

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Name of Worker, Date, Signature