

6 Self Referral: *Letter of introduction*

Name:

Health condition/s:

A summary of my current condition is:

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Goals related to my health care that I have achieved: (e.g. independence, managing my appointments, administering my meds)

1.

2.

3.

Some areas that I would like to continue to work on are: (e.g. health, education, work, personal life)

1.

2.

3.

My plan for the next few years is: (e.g. health, education, work, personal life)

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Some of my interests:

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Signed: Date:

The best way to contact me is; email/phone/mobile:

Take this letter to your first appointment at your adult health service(s).