

NAME: Michael

My Goals

What do I hope for?

Goals	Outcome - to be discussed at 6 week review
<ul style="list-style-type: none"> • To be able to manage household activities such as taking my medication, appointments, grocery's and cleaning the house. • To improve concentration and memory to help me get back to being more independent with daily tasks • To return to making home made meals again • To improving daily structure to I can have more energy and return to socialising with friends and family. 	

What steps do I need to take?

Start date	Action	End date	Therapist/SW Plan PLEASE UPDATE	
	<ol style="list-style-type: none"> 1. To use routines with virtual assistant technology (example: Alexa, Google Assistant...) to remember then to take medications, do shopping, exercises 2. Michael to use diary to manage appointments 3. To create a weekly meal plan and grocery list with support of daughter 4. Michael to choose and prepare a meal with support of OT 5. To participate in weekly cognitive rehabilitation sessions with OT or Support Worker including awareness training 		<ol style="list-style-type: none"> 1. OT to support Michael to set up and review progress each session -by week 6 Michael will be confident in using Alsx 2. OT will review use of diary in each session – Michael will use independently by week 5 3. In session 2 OT will prepare meal with Michael – Michael to continue practice with support of daughter – OT will review in week 4 4. OT will develop a weekly cognitive rehab programme grading in complexity over the 6 session 	

Review date agreed:

Approx length of input discussed: YES/NO

Client signature _____

Date _____

Therapist signature _____

Date _____