

**ME, CFS and Long Covid Service
Care and Support Plan (CSP)**

Patient Name	
Assigned Clinician	
Date	
Version	
Next Review Date	

Symptoms and Medicines Management	
Action	

Information and Support Needs	
Action	

Nutrition and Hydration Needs	
Action	

Support for Activities of Daily Living	
Action	

Adaptations / Living Aids to Improve or Maintain Independence	
Action	

Education, Training or Employment Support Needs	
Action	

Self-Management Strategies, Including Energy Management	
Action	

Physical Functioning and Mobility	
Action	

Safeguarding Concerns and Assessments	
Action	

Guidance on Managing Flare-Ups and Relapses	
Action	

Details of Health and Social Care Professionals Involved in the Person's Care, and Who to Contact

Name:
Position:
Phone Number:
Email Address:

Name:
Position:
Phone Number:
Email Address:

Name:
Position:
Phone Number:
Email Address:

Name:
Position:
Phone Number:
Email Address:

Emergencies: NHS 111 for Out of Hours Advice / 999 for Medical Emergencies.

Details of Other Individuals Involved in the Person's Care

Name:
Relationship:
Phone Number:
Email Address:

Name:
Relationship:
Phone Number:
Email Address:

Name:
Relationship:
Phone Number:
Email Address: