

Care Plan and Review

C

Ref:

Name and address:

Date of Birth _ _ / _ _ / _ _ _ _

NHS No _ _ _ _ _ _ _ _ _ _

Other No:

Date(s) review held _ _ / _ _ / 20 _ _

Present:

Apologies:

Care Co ordinator:

Tel:

Deputy Care Co-ordinator:

Tel:

Consultant: Dr.

Tel:

Emergency contact
evenings/weekends:

Tel:

1. Recent progress, current situation

2. Mental health

Actions

•

Person responsible

3. Medication (including information about who prescribes and where from, and any side effects)

Actions

-

Person responsible

4. Drug / alcohol use

Actions

-

Person responsible

5. Accommodation

Actions

-

Person responsible

6. Daytime activities, education, occupation, employment

Actions

-

Person responsible

7. Physical health, disability, and mobility

Actions

-

Person responsible

8. Activities of daily living and personal care

Actions

-

Person responsible

9. Social, financial, legal, safeguarding needs

Actions

-

Person responsible

10. Informal carers and/or caring responsibilities

Actions

-

Person responsible

11. Gender, cultural, ethnicity, sexuality, spirituality and other ongoing needs and support

Actions

-

Person responsible

Agreed outcomes and Service Users views:

Relapse signature/risk management and Crisis and Contingency plan:

Care Co-ordinator's role:

Unmet Needs:

Needs the support of CPA?: Yes / No

Advance Directive or Statement of wishes? Yes / No

Entitlement under Section 117 of the Mental Health Act 1983? Yes / No

Direct Payments/Individual Budget included? Yes / No

Change in employment/accommodation type: Yes / No

Wellness/Recovery document? Yes / No

Outcome rating:..... completed date _ _ / _ _ / 20 _ _

I agree with the content of this Care Plan

Signed (service user).....	Date	_ _ / _ _ / 20 _ _
<input type="checkbox"/> Declined to sign <input type="checkbox"/> Not available to sign <input type="checkbox"/> Unable to sign because:		
Signed (care worker).....	Date	_ _ / _ _ / 20 _ _
Signed (Health / Social Services if Section 117 care plan).....	Date	_ _ / _ _ / 20 _ _

Next review date _ _ / _ _ / 20 _ _

Copies to:

Reviewed and still current:	
Date	Signature
.....
.....
.....