

Care Programme Approach (CPA) CARE PLAN

Personal Details	
Name:	Date of Birth:
NHS Number:	

My Mental Health




My needs are

What works for me

What needs to happen

Who can help and how often

My Medicines



My needs are

What works for me

What needs to happen?

Who can help and how often

Where I Live



My needs are

What works for me

What needs to happen

Who can help and how often

Communication



My needs are

What works for me

What needs to happen

Who can help and how often

Employment



My needs are

What works for me

What needs to happen

Who can help and how often

Help at Home



My needs are

What works for me

What needs to happen

Who can help and how often

My Money



My needs are

What works for me

What needs to happen

Who can help and how often

Leisure/Interests



My needs are

What works for me

What needs to happen

Who can help and how often

Unmet Needs



My needs are

What works for me

What needs to happen

Who can help and how often

Contingency/Risk Plan



Measures to prevent a Crisis

What works for me

What needs to happen

Who can help

Crisis Plan



Early Warning Signs

Triggers/Key Events

Support Available

Risks to consider when in Crisis

Comments and Signatures

Service User Comments:

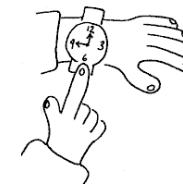
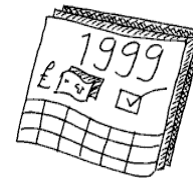
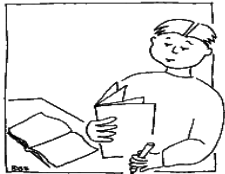


I understand that all information on this Care Plan will be stored electronically and accessed by other members of staff.



Service User Signature:

Date & Time:

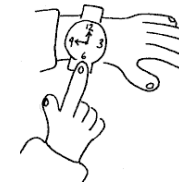
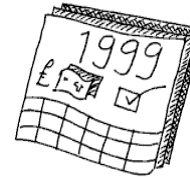
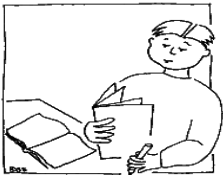


Carer's Comments:



Carer's Signature:

Date & Time:



Carer's Assessment:

Has a Carer's Assessment been offered:

YES ✓

NO X

Has a Carer's Assessment been accepted:

YES ✓

NO X

Distribution of Care Plan:

Date distributed:

Distributed to whom: