



## Care Programme Approach (CPA) CARE PLAN

Personal Details	
Name:	Date of Birth:
NHS Number:	

<p><b>My Mental Health</b></p> 	<p>My needs are</p>	<p>What works for me</p>	<p>What needs to happen</p>	<p>Who can help and how often</p>
---	---------------------	--------------------------	-----------------------------	-----------------------------------

<p><b>My Medicines</b></p> 	<p>My needs are</p>	<p>What works for me</p>	<p>What needs to happen?</p>	<p>Who can help and how often</p>
--	---------------------	--------------------------	------------------------------	-----------------------------------

### 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**



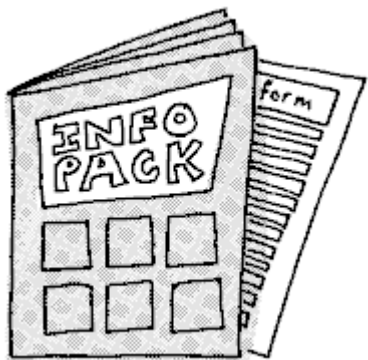
**Measures to prevent a Crisis**

**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:



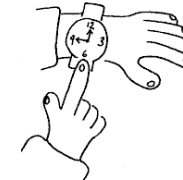
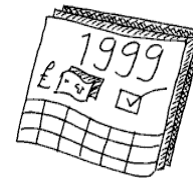
I understand that all information on this Care Plan will be stored electronically and accessed by other members of staff.



Service User Signature: .....



Date & Time: .....

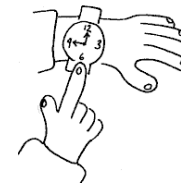
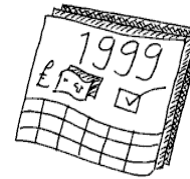
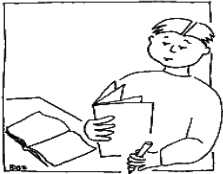


**Carer's Comments:**



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: