

Name			DOB		H&C No

Identified Strengths/Needs	What is important to you now and in the future in relation to:	What needs to happen to meet identified need.	By whom/Timescale	Review / Evaluation Date
Domain 1 Physical Health	IT IS IMPORTANT FOR ME TO MAINTAIN MY PHYSICAL HEALTH.	I NEED TO TAKE ALL MY MEDICATIONS AS PRESCRIBED I NEED TO ATTEND ALL APPOINTMENTS TO HAVE MY PHYSICAL HEALTH MONITORED AND REVIEWED EFFECTIVELY I NEED TO LIAISE WITH MY GP RE ANY CONCERNS REGARDING MY HEALTH	MYSELF WITH SUPPORT FROM MY FAMILY	
Domain 2 Mental Health & Emotional Wellbeing	IT IS IMPORTANT FOR ME TO MAINTAIN MY MENTAL HEALTH AND WELL BEING TO THE BEST IT CAN BE I HAVE A DIAGNOSIS OF ALZHEIMER'S.	I NEED TO CONTINUE TO TAKE MY PRESCRIBED MEDICATIONS DAILY WHICH IS ADMINISTERED AND SUPERVISED BY FAMILY. I NEED TO ENGAGE WITH MEMORY NURSE/ TEAM AS REQUIRED TO MONITOR AND REVIEW MY MENTAL HEALTH AND MEDICATION	MYSELF SUPPORTED BY MY FAMILY MEMEORY NURSE +GP	DAILY
Domain 3 Level of awareness & decision making skills	IT IS IMPORTANT TO ME THAT I AM SUPPORTED IN MAKNG DECISIONS REGARDING MY PHYSICAL AND MENTAL HEALTH, MY DAILY	I REQUIRE MY FAMILY TO ENSURE ALL MY NEEDS ARE MET EFFECTIVLEY	MY FAMILY	DAILY

	ROUTINE, MY SOCIAL OPPORTUNITIES AND WHERE I RESIDE.			
Domain 4 Medicines management Attach medications plan as appropriate	IT IS IMPORTANT I TAKE MY MEDICATION AS PRESCRIBED IT IS IMPORTANT THAT I AM SUPPORTED TO TAKE MY MEDICATION SAFELY AND APPROPRIATELY	MY FAMILY ADMISITER MY MEDICATION DAILY FROM A BLISTER PACK DISPENCED WEEKLY FROM THE PHARMACY	MY FAMILY PHARMACY	DAILY
Domain 5 Communication and sensory functioning	IT IS IMPORTANT THAT MY DIFFICULTY COMMUNICATING IS UNDERSTOOD BY MY FAMILY AND RELEVANT OTHERS. IT IS IMPORTANT THAT IT IS ACCEPTED THAT I RELY ON MY FAMILY WHO KNOW ME BEST TO BE INVOLVED IN ADVOCATING FOR ME EVERY DAY	MY FAMILY TO UNDERSTAND WHAT I NEED EVERY DAY AND REPRESENT ME AS REQUIRED PROFESSIONAL STAFF AND OTHERS TO CONSULT MY FAMILY REGARDING ANY ASPECTS OF MY CARE/TREATMENT NEEDS AS REQUIRED	MY FAMILY GP, MEMORY NURSE, DAY CARE STAFF	DAILY

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Domain 6 Walking and movement;	I AM FULLY MOBILE AND IT IS IMPORTANT THAT I	FAMILY TO SUPPORT MY NEED TO	FAMILY DAILY	DAILY

Attach Safe systems plan as appropriate.	CONTINUE TO REMAIN INDEPENDENTLY MOBILE			
Domain 7 Personal care and daily tasks	I NEED PROMPTS AND SUPERVISION WITH WASHING, DRESSING. I NEED MY MEALS PREPARED AND SERVED DAILY AND MY DIETARY INTAKE MONITORED	I NEED MY FAMILY TO ENSURE MY HYGIENE NEEDS ARE ATTENDED TO DAILY, THAT MY MEALS AND MEDICATION ARE ORGANISED AND PROVIDED DAILY.	MY FAMILY DAY CARE STAFF	DAILY
Domain 8 Living arrangements and accommodation	IT IS IMPORTANT FOR ME TO LIVE IT IS IMPORTANT FOR ME TO HAVE MY OWN ROOM	MY FAMILY SUPPORT MY LIVING ARRANGEMENTS MY FAMILY ENSURE THAT MY HOME IS MAINTAINED DAILY	MY FAMILY	DAILY
Domain 9 Relationship	MY FAMILY ARE EXTREMELY IMPORTANT TO ME AND I NEED TO SEE THEM EVERY DAY	MY FAMILY ARE IN ATTENDANCE EVERY DAY	MY FAMILY	DAILY
Domain 10 Work, finance and leisure	IT IS IMPORTANT FOR ME TO BE WITH OTHER PEOPLE OTHER THAN MY FAMILY IT IS IMPORTANT THAT OTHERS UNDERSTAND AND ACCEPT THAT I AM UNABLE TO COMPLETE TASKS DUE TO MY COGNITIVE IMPAIRMENT BUT ENJOY OBSERVING OTHERS IT IS IMPORTANT THAT MY FAMILY ORGANISE MY FINANCES AND PAY MY BILLS AS REQUIRED	MY FAMILY ENSURE THAT MY MONEY IS ORGANISED FOR ME- CARER'S CASH GRANT TO BE ALLOCATED =£150 TO ENABLE MY SISTER TO HAVE HOLIDAY MY FAMILY TO BE WITH ME EVERY DAY I ATTEND DAY CARE ON	MY FAMILY SW DAY CARE STAFF	DAILY

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POINTS OF DIFFERENCE:
NONE

SIGNED:

Service User		Date	
Carer/Advocate		Date	
Case Worker		Date	

AHP/Other Named party		Date	
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REVIEW DATE:	
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SIGNED:

Service User		Date	
Carer/Advocate		Date	
Case Worker		Date	
AHP/Other Named party		Date	

Note: on completion of the Care Plan, please forward copy to the Manager/ User and Carer.