

Mh Recovery Care Plan

Preferred Name	Born	HCN
	Gender	Paris ID
Address		Contact

Header Details

Type MH RECOVERY CARE PLAN

Date started End date

Time started End time

Reason for assess. Outcome

Location Planned comp date.

Team Reason for delay

Carried out by Link info

Recorded by Assessment ID

Referral ID

Goal at time of assessment

RECOVERY CARE PLAN - MENTAL HEALTH

Identified Strengths/Needs Current Need Historical Need No Known Need

Mental Health

What Is Important To You Now And In The Future In Relation To Mental Health

What Needs To Happen to Meet Identified Needs

Mh Recovery Care Plan

By Whom/Timescale

Review/Evaluation Date

No Change To Need Description

PHYSICAL HEALTH

Identified Strengths/Needs

Current Need

Historical Need

No Known Need

Physical health

What Is Important To You Now And In The Future In Relation To Physical Health

What Needs To Happen to Meet Identified Needs

By Whom/Timescale

Review/Evaluation Date

No Change To Need Description

SOCIAL CARE NEEDS

Identified Strengths/Needs

Current Need

Historical Need

No known Need

Social Care

What Is Important To You Now And In The Future In Relation To Social Care

What Needs To Happen to Meet Identified Needs

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No Change To Need Description

MEDICINES MANAGEMENT

Identified Strengths/Needs

Current Need

Historical Need

No Known Need

Medicines Management

What Is Important To You Now And In The Future In Relation To Medicines Management

What Needs To Happen to Meet Identified Needs

By Whom/Timescale

Review/Evaluation Date

No change To Need Description

CHILDCARE

Identified Strengths/Needs

Current Need

Historical Need

No Known Need

Childcare

What Is Important To You Now And In The Future In Relation To Childcare

What Needs To Happen to Meet Identified Needs

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INCOME

Identified Strengths/Needs

Current Need

Historical Need

No Known Need

Income

What Is Important To You Now And In The Future In Relation To Income

What Needs To Happen to Meet Identified Needs

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Review/Evaluation Date

No change To Need Description

THERAPEUTIC AND LEISURE ACTIVITY

Identified Strengths/Needs

Current Need

Historical Need

No Known Need

Therapeutic And Leisure Activity

What Is Important To You Now And In The Future In Relation To Therapeutic And Leisure Activity

What Needs To Happen to Meet Identified Needs

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DOMESTIC SUPPORT

Identified Strengths/Needs

Current Need

Historical Need

No Known Need

Domestic Support

What Is Important To You Now And In The Future In Relation To Domestic Support

What Needs To Happen to Meet Identified Needs

By Whom/Timescale

Review/Evaluation Date

No change To Need Description

ACCOMMODATION

Current Need

Historical Need

No Known Need

Accommodation

What Is Important To You Now And In The Future In Relation To Accommodation

What Needs To Happen to Meet Identified Needs

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No Change To Need Description

EMPLOYMENT EDUCATION AND TRAINING

Identified Strengths/Needs

Current Need

Historical Need

No Known Need

Employment Education And Training

What Is Important To You Now And In The Future In Relation To Employment Education And Training

What Needs To Happen To Meet Identified Needs

By Whom/Timescale

Review/Evaluation Date

No Change To Need Description

CULTURAL AND FAITH NEEDS

Identified Strengths/Needs

Current Need

Historical Need

No Known Need

Cultural And Faith Needs

What Is Important To You Now And In The Future In Relation To Cultural and Faith Needs

What Needs To Happen To Meet Identified Needs

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Review/Evaluation Date

No Change To Need Description

OTHER

Identified Strengths/Needs

Current need

Historical need

No known need

Other

What Is Important To You Now And In The Future In Relation To Other

What Needs To Happen To Meet Identified Needs

By Whom/Timescale

Review/Evaluation Date

No Change To Need Description

POINTS OF DISAGREEMENT

Please Record Any Points Of Disagreement.

Signatures

Patient Signature:

Print Name:

Date:

Carer Signature:

Print Name:

Date:

Consultant Signature:

Print Name:

Date:

Practitioner Signature:

Print Name:

Date:

PROFESSIONALS WHO CONTRIBUTE TO CARE PLAN

Staff

Staff

Outside Trust