

# INTERAGENCY CARE PLAN

In strictest confidence

## SERVICE USER DETAILS

INITIALS:		AGE:	
RELIGION:		ETHNICORIGIN:	
FIRST/PREF LANG		INTERPRETER _REQ'D_	
CPA LEVEL	Standard / Enhanced		

## OTHER PEOPLE INVOLVED IN THE ASSESSMENT/ WHO ELSE DID YOU SPEAK TOO?

NAME	RELATIONSHIP TO SERVICE USER	TELEPHONE NUMBER

## 1. USERS VIEWS / WISHES

This should be recorded as far as possible in the users own words

Source of information:

## **2. CARERS VIEWS / WISHES**

A separate assessment of the carers needs can be completed – this is essential if the service user is on enhanced CPA.

Source of information:

## **3. CURRENT SUPPORT NETWORK**

Source of information:

#### **4. MENTAL HEALTH**

Source of information:

#### **5. OTHER SIGNIFICANT FACTORS**

Source of information:

#### **6. RISK FACTORS**

Source of information:

**7. PHYSICAL HEALTH**

Source of information:

**8. PERSONAL CARE / SELF CARE**

Source of information:

**9. DOMESTIC TASKS**

Source of information:

**10. CULTURAL, RELIGIOUS & DIETARY NEEDS**

Source of information:

**11. RECREATIONAL / EDUCATIONAL / EMPLOYMENT NEEDS**

Source of information:

**12. ACCOMMODATION & ENVIRONMENT**

Source of information:

**13. FINANCIAL**

Source of information:

**14. INFORMATION GIVEN ABOUT SERVICES**

Source of information:

**15. ASSESSMENT CONCLUSION**

Summarise the service users/patients' needs and eligibility for services, including aftercare & the overall aims and objectives of any planned intervention

Source of information:

**SERVICE RESPONSE & CARE PLAN**

This is an overall or summary care plan. Where other agencies are also involved a more detailed care plan(s) will be developed.

SERVICE/SERVICE PROVIDER		AIM(S) & OBJECTIVES OF SERVICE (Please link the assessed needs with services to meet those needs and the intended objectives)
1		
2		
3		
4		
5		

**PROBLEM/NEEDS**

**OBJECTIVES**

**PLANS - Medical (including medication)**



**NURSING**

**SOCIAL**

**O.T. etc**