



New Care Plan

Form completed by

Surname:
Forename:
Job Title:
Date / Time:

Regarding Client / Patient

Surname:
Forename:
DOB:
NHS Number:

Service Line: CRSL/Other

Record any staff, other than care co-ordinator. After making entry, always click 'Add' in RiO to ensure the information is not lost.

Other Professionals Name	Contact Number

Service User: I agree with a copy of my care plan being shared with the following (my carer/friend/GP/anyone else)

If the care plan is not agreed and/or is unsigned (e.g. the service user lacks capacity or insight), the professional must state the reasons why and what they will do

My Needs and Views (After making entry, always click 'Add' in RiO to ensure the information is not lost).

Need Number	My Need	Review Date
1		
2		
3		

Each of the above needs must have information recorded in the section below. (There can be more than one line for each need in this section).

Need Number	What do I/we want to achieve?	What are the next steps?	Who will support and help me?
1			
2			
3			

My Views
My views on this care plan

If I have a carer, their view of this care plan is

Staying Well Plan (My Crisis/Safety Plan)

Do you have a current Advanced Care Plan or Recovery Plan? Y/N

If yes, state where it is

If I am beginning to feel unsafe/unwell I may... (Please record what may happen if you go into crisis, does your sleep pattern change? Does your mood change? What has happened in the past?)

What can I do to stay safe and well? (Include agreed interventions, coping strategies and distraction techniques where appropriate)

What can others do to help me during a crisis and prevent hospitalisation? (Include Carers involvement, access to services, including names and telephone numbers and 24 hour support where appropriate)

If I require admission I would like the following practical support (please record what the indicators would be, the purpose of the admission, where I would like to be admitted and any practical needs that need to be taken care such as childcare/dependents/pets in the event of hospitalisation)

I will know I am ready for discharge when (What will I be doing? Feeling? Noticing?)

My views of my crisis plan

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PROM (if CRCG care plan [formerly CRSL])

Need Number	What's gone well? What's worked less well and needs to change?	Was each step achieved?
1		Yes/ No/ Partially or more work needed
2		Yes/ No/ Partially or more work needed
3		Yes/ No/ Partially or more work needed

Care Plan Distribution

Please complete the details below to show who you have offered the Care Plan to. In the event that the individual declines to accept a copy of the Care Plan, please tick the declined tick box. Unless declined, the offered date will be assumed to be the date of distribution.

Offered to:	Name:	Date offered to:	Declined:
Carer/ Client/ CPN/ CSW/ GP/ OT/ Other/ Responsible Clinician/ Social Worker			<input type="checkbox"/>
Carer/ Client/ CPN/ CSW/ GP/ OT/ Other/ Responsible Clinician/ Social Worker			<input type="checkbox"/>
Carer/ Client/ CPN/ CSW/ GP/ OT/ Other/ Responsible Clinician/ Social Worker			<input type="checkbox"/>

Date Client asked to sign Care Plan: _____

Client declined to sign the Care Plan ☐

If not distributed to Client, please explain why