

<b>NHS No.</b>	<b>Hospital No.</b>	<b>CareFirst No</b>	<b>GP/Contact details:</b>
<b>Family name:</b>		<b>Know as:</b>	
<b>Forename:</b>		<b>Date of birth:</b>	

<b>Date:</b>	<b>Address/phone number where care is to be provided:</b>	<b>Next of kin/contact details:</b>

**OUTCOME OF ASSESSMENT/REVIEW/COMPLEX CARE PLAN**

<b>Summary of needs or issues identified following the assessment (P/C/As)</b>	
<b>Needs or issues that are particularly important to the person (in their own words)</b>	
<b>Person's Expectations, strengths and abilities and motivation in relations to the needs and issues above</b>	

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		Social Care Only	
Presenting Needs	Risks to Independence & Assessed Level of Risks	Risk Ranking	Eligible Need

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<i>Assistance/Support/Services provided (e.g. neighbours, carers and others) 🖐️ Direct payments 🖐️ Refer to any Service specific goal/treatment plans</i>	<i>Start Date:</i>	<i>Review Date:</i>	<i>End Date:</i>	<i>Contact No's:</i>
<i>How Service will be monitored:</i>				
<i>Desired Outcome (P/C/As):</i> (refer to service specific goal plans/treatment plans)				
<i>Persons Financial Contribution :</i>				
<i>Information others need to know about the person relevant to the care plan e.g.</i> 🖐️ Likes/Dislikes/Preferences, 🖐️ Religion, 🖐️ Ethnicity, 🖐️ Risk, 🖐️ Medication, 🖐️ Diet, 🖐️ Allergies, 🖐️ Access etc.:				

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<b>Action Taken – in addition to complex care plan :</b>	
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<b>Regular Tasks Time Table (please specify names of providers if multiple providers are involved) 🖱 include times:</b>						
<i>Mon</i>	<i>Tues</i>	<i>Weds</i>	<i>Thurs</i>	<i>Fri</i>	<i>Sat</i>	<i>Sun</i>
<b>Plan to Manage Emergency Changes:</b>						
<b>Completed by (signature):</b>		<b>Full Name:</b>		<b>Job Title:</b>		
<b>Date/Time:</b>						
<b>Copy given/sent to (please state Y or N):</b>	<b>Person:</b>		<b>Carer:</b>			



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	<b>Care Co-ordinator:</b>		<b>Provider/s:</b>	
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