

Care Plan for CAMHS

Summary of all actions and plans agreed under the Assessment and Care Planning Process.

Full name of young person (please print):

NHS No.: _ _ _ _ _

Date of birth: _ _ / _ _ / _ _ _ _

Date of plan: _ _ / _ _ / 20 _ _

Review date: _ _ / _ _ / 20 _ _

Identified need	Planned outcomes	Agreed action inc. frequency	Person/service responsible	Young person's comments and signature
				Signature:
				Signature:
				Signature:
				Signature:

Full name of young person (please print):

NHS No.: _ _ _ _ _ Date of birth: _ _ / _ _ / _ _ _ _

Identified need	Planned outcomes	Agreed action inc. frequency	Person/service responsible	Young person's comments and signature
				Signature:
				Signature:
				Signature:
				Signature:

Young person's name:.....

Signature: Date: _ _ / _ _ / 20 _ _

Care Co-ordinator name:.....

Signature..... Date: _ _ / _ _ / 20 _ _

Name of person with parental responsibility.....

Signature..... Date: _ _ / _ _ / 20 _ _