

## Care Plan for Adult Mental Health In-patient Care

Full name: Date of birth: / /
NHS No.: Care Plan No.
Ward Date / / 20
vald Date//20
Problem / need identified
1 Toblem / Tieda lacitanda
Patient's perspective:
i alient a perapective.
Aim / abjective
Aim / objective
Patient's goals:
5
Plan of care / intervention
Than of care / intervention
CCS Controller approved: date: 07/06/12

RM approved: 07-06-12

Issue number: 002

Plan of care / intervention cont.:						
Evaluation						
Lvaidatio	111					
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				•••••		
Patient's signature:						
copy giv	en to patient. 168	[ ] NO[ ]				
Review	Patient	Named Nurse	Review	Patient	Named nurse	
date	signature	signature	date	signature	signature	
		- 5		3	<u> </u>	
Service user ID						
Name:						
CCS Controller approved: date: 07/06/2012						
RM approved: 07-06-12 Issue number: 002						