**TREATMENT PLAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Name of patient** | **Diagnosis** |
| **Basic details**  **Date of diagnosis:**  **Date of birth:**  **Age:**  **Ethnicity:**  **Gender:** | **Career and lifestyle goals** |
| **Individual needs (including culture, religion, disability):** | |
| **Patient history – how was the patient diagnosed?** | |

**Care Needs Assessment**

|  |  |  |
| --- | --- | --- |
| **Care Need** | **How might this affect the patient’s everyday life?** | **Outcome they are hoping to achieve** |
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|  |  |  |
|  |  |  |
|  |  |  |
| **Which of these care needs are the most important to the patient? Why?** | | |
| **Other information:** | | |
| **Patient’s Overall Aim of the Treatment Plan:** | | |

**Local Authority Care Needs Assessment**

|  |  |  |
| --- | --- | --- |
| **Eligibility outcomes checklist** | **Does patient have this need?** | **Details / evidence** |
| Managing and maintaining nutrition |  |  |
| Maintaining personal hygiene |  |  |
| Managing toilet needs |  |  |
| Being appropriately clothed |  |  |
| Being able to make use of the adult's home safely |  |  |
| Maintaining a habitable home environment |  |  |
| Developing and maintaining family or other personal relationships |  |  |
| Accessing and engaging in work, training, education or volunteering |  |  |
| Making use of necessary facilities or services in the local community, including public transport, and recreational facilities or services |  |  |
| Carrying out any caring responsibilities the adult has for a child |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Patient’s Care Needs** | **How might this affect the patient’s everyday life?** | **Outcome the patient is hoping to achieve** | **Treatments and** **Care Strategies (1o, 2o, 3o)** | **Advantages** | **Disadvantages / Limitations** |
| **Emotional** |  | | | | |
| **Social** |  | | | | |
| **Intellectual** |  | | | | |
| **Physical** |  | | | | |
| **Review Date:** |  | | | | |

**Reliability and validity of sources used to choose Treatment or Care Strategy**

|  |  |
| --- | --- |
| **Choose ONE Care strategy:** | |
| **Definition of reliability** | **Definition of validity** |
| **Source 1: Details for Bibliography** | |
| **Details of evidence to support choice** | |
| **Origin of the source:** | |
| **Author or organisation:** | |
| **To what extent do you trust this source to give reliable and unbiased information? Why?** | |
| **Source 2: Details for Bibliography** | |
| **Details of evidence to support choice** | |
| **Origin of the source:** | |
| **Author or organisation:** | |
| **To what extent do you trust this source to give reliable and unbiased information? Why?** | |

**CARE PLAN REVIEW \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Name of patient:** | | **Disorder:** |
| **Date of Review:**  **Age:**  **Gender:**  **Ethnicity:** | | |
| **What lifestyle changes have happened?** | **How has this affected your disorder?** | **Possible changes to care strategies** |
| **How have your symptoms progressed?** | **How has this affected you?** | **Possible changes to care strategies** |