

ANNUAL CARE PLAN SUMMARY

NAME

Achievements – Care plan aims

Achievements - Skills/ needs

- Self Care

- Domestic

- Independence

- Activity/skill Development programmes

- Leisure & Community Based Activities

Interaction and relationship with others

Contact with Family & Relatives

Any Additional Significant Events

Date & current balance of:

- Personal Allowance

- DLA

HEALTH CARE

- **General Wellbeing**

- **Illnesses/Treatments**

- **Allergies**

- **Medical Examinations**

- **Immunisations/Vaccinations**

- **Weight**

- **Diet**

- **Hospital Appointments**

- **Dental**

- **Ophthalmic**

- **Chiropody**

- **Present Medication**

Signed _____ Date _____
Key Worker

Signed _____ Date _____
Service User

Signed _____ Date _____
Registered Manager