

MONTHLY CARE PLAN ASSESSMENT

Resident's name:

Month:

Year

Keyworker's name:

1) UPDATE ON CARE PLAN AIMS:

2) SELF CARE:

3) DOMESTIC SKILLS:

4) 4) INDEPENDENCE;

5): ACTIVITY/SKILL PROGRAMMES (*See daily timetables*)

6: LEISURE & COMMUNITY BASED ACTIVITIES (*See evening/weekend timetables*)

7): INTEGRATION WITH PEERS

8): RELATIONSHIP WITH STAFF:

9): SIGNIFICANT EVENTS:

10): FAMILY CONTACT:

11): GENERAL WELLBEING (Including Accident/Incident):

12): HEALTH CARE (Check info in Residents Information File.)

Please note any consultation or visit to the G.P., clinical psychiatrist, clinical psychologist dietician, dentist, optician, chiropodist and hospital. If any changes in weight diet or medication, please ensure Care Plans are updated.

Ability to Indicate when in pain**Illnesses/Treatments****Allergies****Medical Examinations****Immunisations/Vaccinations****Weight**

Diet

Hospital Appointments

Dental

Ophthalmic

Chiropody

Present Medication

Signed
Service user

Date

Signed
Key Worker

Date

Signed
Registered Manager

Date