

## Care plan

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

Designation: \_\_\_\_\_

Contact details: \_\_\_\_\_

Patient's name or label

### Level 1: Score 0–3 Mild concerns

Discuss sources of concern with the patient, include information, contact details and monitor.

### Level 2: Score 4–6 Moderate concerns

As above for level 1 and provide information and discuss with a colleague if necessary and signpost to support. Use second level assessment tool if appropriate e.g. HADs.

### Level 3: Score 7–10 Significant concerns

As above in Level 1 and 2 and use second level assessment tool if appropriate e.g. HADs and refer to specialist services if required.

Overall score on the scale: \_\_\_\_\_

Main concerns	Score	Description of concern	Plan of action

Copies sent to:

Next review due: