

Treatment/Care Plan Under 18

PLEASE NOTE: THE BOXES HIGHLIGHTED IN YELLOW IN THIS SECTION WILL BE SHARED WITH THE PATIENT, PARENTS/CARERS AND PROFESSIONALS VIA THE PRINTED CAREPLAN

Introductory paragraph (Optional)		
Is there a Multidisciplinary Care Plan already in place?	- Please Select - Yes No Not Applicable	
Current concerns or problems (bullet points)		
Goals /Aims (these don't need to be identical to the Goal Based Measure)		
Proposed type of Care and Support. <i>State briefly treatment to be offered at Tavistock and Portman and by other agencies where necessary?</i>		
THRIVE Framework Needs Based Grouping*	- Please Select - Getting Advice Getting Help Getting More Help Getting Risk Support Patient not seen	
Were i-THRIVE Grids used to support shared decision making?*	- Please Select - Yes No	
Discussion of Care and Support Plan **		
<i>Did you discuss risks, benefits or alternatives? If these deviated</i>		

from NICE guidelines ensure there is a more detailed note	
Comments from young person (were there areas of agreement or disagreement / concerns with the Care Plan?)	
Comments from Parent/Carer	
Proposed Duration of Care Plan	
Review Date of Care Plan (no longer than 6 months)	
The Treatment/care plan been discussed with**	
Parent	Patient
Carer	Social Worker
Other (give details)	
Were the benefits and risks of the Treatment/care plan discussed with the patient? **	- Please Select - Yes No Not Applicable
Were alternatives discussed with the patient? **	- Please Select - Yes No Not Applicable
Admin to generate care plan and send to patient**	- Please Select - Yes No Patient did not want a copy
Admin to generate care plan and send to GP**	- Please Select - Yes No Patient did not consent to send information to GP

Additional parties to receive a copy of the Care Plan e.g. referrer, parent not listed as primary contact