

Treatment/Care Plan Management over 18

PLEASE NOTE: This section of the Assessment Summary will be shared as part of North Central London's Health Information Exchange (HIE)

(briefly state treatment to be offered at Tavistock and Portman and by other agencies where necessary)	
Does the patient have capacity to consent to their own assessment / treatment?*	- Please Select - Yes No Not able to
Has the Treatment/care plan been discussed with patient? **	- Please Select - Yes No
Were the benefits and risks of the Treatment/care plan discussed with the patient? **	- Please Select - Yes No
Were alternatives discussed with the patient? **	- Please Select - Yes No
Write short note re alternatives discussed here. (note if these deviated from NICE guidelines ensure there is a more detailed note made in the patient record)	
If treatment is offered does the patient consent to the plan?	- Please Select - Yes No
Comments	
* If there are concerns regarding the capacity to consent to treatment , there should be a separate capacity assessment documented here	
Has a copy of the Treatment/care plan been sent to patient?	- Please Select - Yes No Patient did not want a copy
Has a copy of the Treatment/care plan been sent to the GP?	

