

## Mental Health Care Plan Template

Care Plan for: \_\_\_\_\_ Chart Reviewed Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

DSM V Diagnosis: Mental Health DX: \_\_\_\_\_

Personality Disorder: \_\_\_\_\_ (optional)

Co-morbid Conditions: \_\_\_\_\_ (optional)

Psychosocial Issues: \_\_\_\_\_ (optional)

GAF Scale: \_\_\_\_\_ (optional)

Participants in creation of Plan: \_\_\_\_\_

Medications: \_\_\_\_\_

Current concerns or problems: \_\_\_\_\_

Risk Screening Tool Results: \_\_\_\_\_

Current supports and strengths: \_\_\_\_\_

Summary of Condition: \_\_\_\_\_

Activity Plan (goals, sleep, meals, activity, screen time, school attendance, resources recommended):

Plan: \_\_\_\_\_

Risk Screening: \_\_\_\_\_

Communication with the following health professionals is approved by client:

What to do if things don't improve:

Reassessment will be in: \_\_\_\_\_