

122 Scorer Street



NAME-SURNAME

Care Plan

CARE PLAN AGREED ON / /

PERSONAL PROFILE

Name

Date of Birth

Present Age

Photo

Religion

Date of entry to the service

Local Authority

Social Worker

Parents/Guardians/Family Members

Parents
Address
Tel

Other

Other

Personal Details

Height

Build

Complexion

Hair Colour

Eye colour

Clothes Sizes

Trousers/Dress:

Delete items as appropriate, and delete this statement

Shirts/Skirt:

Pants:

Vest/Bra:

Feet size:

Pen Picture

Family Links

Gender/Sexual Awareness

Likes

Dislikes

PROFILE

SKILLS-Language and communication

Support Required

SKILLS-Social Interaction and understanding

Support Required

SKILLS-Social imagination and Understanding

Support Required

BEHAVIOURS-PREDICTABLE AND UNPREDICTABLE

ENVIRONMENTAL FACTORS / TRIGGERS THAT MAY CAUSE DISTRESS

OBSESSIONS / RITUALS / SIGNIFICANT FACTORS

APPROACHES AND MOTIVATION

RISK ASSESSMENTS

SELF CARE SKILLS/NEEDS PROFILE

TASK

ABILITY

SUPPORT REQUIRED

WASHING

BATHING

SHOWERING

TEETH CLEANING

SHAVING (wet electric)

HAIR WASHING

DRESSING

HAIR DRYER

FASTENING SHOES (laces,
buckles)

FASTENING CLOTHING
(i.e. zips and buttons)

DOMESTIC SKILLS/NEEDS PROFILE

TASK

ABILITY

SUPPORT REQUIRED

CHANGING BEDDING

HOOVERING

DUSTING

WASHING UP

DRYING UP

LOADING DISHWASHER

WASHING MACHINE

PUTTING CLEAN
CLOTHES AWAY

USING TOASTER

LAYING THE TABLE

PREPARATION OF
SIMPLE SNACK

TIN OPENER

MAKING HOT DRINKS

MAKING COLD DRINKS

IRONING

INDEPENDENCE SKILLS/NEEDS PROFILE

Use of keys

Responds to doorbell

Use of telephone

Monetary skills

Letter writing skills

Operation of television

Operation of stereo unit

Public transport

Road safety

Knows own address

Knows own birthday

LEISURE AND COMMUNITY ACCESS - SKILLS/NEEDS PROFILE

Leisure Activities

Community Activities

ACTIVITY/SKILL DEVELOPMENT PROGRAMMES
SKILLS/NEEDS PROFILE

MORNING ROUTINE –
Skills

/Needs

DAY SERVICE PROGRAMME
Skills

/Needs

RESIDENTIAL PROGRAMMES
Skills

/Needs

NIGHT SUPPORT Skills/Needs
Skills

/Needs

HEALTH CARE PROFILE

- **Ability to Indicate when in pain**

- **Illnesses/Treatments**

- **Illnesses/Treatments**

- **Allergies**

- **Immunisations/Vaccinations**

- **Weight**

- **Diet**

- **Hospital Appointments planned**

- **Dental Appointments planned**

- **Ophthalmic Appointments planned**

- **Chiropody Appointments planned**

- **Present Medication**

CARE PLAN

<u>Care Plan Aims</u>	Named Person(s)

Signed
Service User

Date

Signed
Key Worker

Date

Signed
Registered Manager

Date