

Mental Health Care Plan Template

Care Plan for _____ Chart Reviewed ___ Date _____

DSM IV Diagnosis: Axis 1: _____

Axis 2: _____ (optional)

Axis 3: _____ (optional)

Axis 4: _____ (optional)

Axis 5: _____ (optional)

Medications: _____

Current concerns or problems: _____

Risk Screening Tool Results: _____

Current supports and strengths: _____

Summary of Condition: _____

Patient Goals: _____

Plan: _____

Expected Outcomes: _____

Communication with the following health professionals is approved by client:

Reassessment will be in _____