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 ___________________________________________________________________