

Comprehensive Care Plan

Date of care plan



Norfolk Drug & Alcohol Partnership

Name of client	Date of birth	Name of GP / surgery
	Care coordinator:	
Keyworker	Agency responsible for plan:	
	Phase of treatment journey: (please tick) beginning <input type="checkbox"/> middle <input type="checkbox"/> end <input type="checkbox"/>	

Category of need? 1. Substance misuse 2. Physical / psych health 3. Criminal justice 4. Social issues	What is my goal?	What will help me reach my goal?	Who will do this? (client / worker?)	When will this be done by / reviewed? (max 3 months) (NDTMS data set E)	Issues / Comments (eg prescribed medication / dependents)

Signature of client

Date of care plan review

Signature of worker

A copy must be offered to client

Care Plan Review

Date of Review

Goal 1	
Goal 2	
Goal 3	
Goal 4	

This information should now form a new care plan

Signature of client

Signature of worker