

Mental Health

CLIENT CARE PLAN

Client: *Pathways , CarePlan

Client ID#: 1165425300
Admission Date: 12-06-2006

12 Mental Health Potential Problem

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

Cat.	Target	Care Description Note
TGC	Signs/Symptoms-Mental/Emotional	Depression Suicidal tendencies, anxiety--assess severity of symptoms
TGC	Coping Skills	Crisis Intervention
TGC	Rest/Sleep	Other 1) Relationship to S/Sx 2) Amount needed 3) Healthy sleep habits
TGC	Other Community Resources	Referral Process Referral/ follow through with primary care provider, social services, mental health providers
CM	Medical/Dental Care	Coordination Among Providers

09 Interpersonal Relationship Potential Problem

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

Cat.	Target	Care Description Note
TGC	Communication	Develop / Improve Skills
TGC	Support System	Emotional Support
S	Stress Management	Coping Ability

42 Medication Regimen Potential Problem

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

Cat.	Target	Care Description Note
S	Medication Action/Side Effects	Takes As Prescribed 1) Compliance with psychotropic medications 2) Compliance related to side effects

41 Health Care Supervision Potential Problem

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

Mental Health (2)

Client Care Plan

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Cat.	Target	Care Description Note
TGC	Medical/Dental Care	Emergency Care Preventive Care
S	Medical/Dental Care	Other Assess 1) Caregiver ability to manage patient cares 2) Need for respite 3) Referral to community resources