# CAMHS Community Individual Care Plan (ICP)

| Child/Young Person's Details | |
|---|---|
| Name: | Address: |
| Gender: | |
| Date of Birth: | |
| Contact No.: | |
| Nationality: | |

| CAMHS Key Worker Details | |
|---|---|
| Name(s): | Job Title(s): |

| ICP No. | Date ICP completed | Next ICP review date |
|---|---|---|
| | | |

| Current Presentation and Identified Needs (Strengths, Diagnosis and Current Concerns) |
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| |

| Young Person's views |
|---|
| |

| Goals to meet the identified need | | Whose goal is it? |
|---|---|---|
| | Goals | Child/Young Person/ Parent(s) /Guardian(s)/ Team |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

| | Treatment Plan (Intervention) | People involved | In Progress | Waitlisted | Completed | Declined |
|---|---|---|---|---|---|---|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |

| **Details of Other agencies involved (Current/Past)** | | |
|---|---|---|
| ☐ Tusla | ☐ GP | ☐ Barnardos |
| ☐ School/Educational Support | ☐ CDNT | ☐ Primary Care |
| ☐ Jigsaw | ☐ Pieta | |
| ☐ Other:<br>*Please describe the nature and reason for any supports:* | | |

| **Additional information/comments:** | | | |
|---|---|---|---|
| | | | |
| **Estimated Discharge Date:** | | | |
| ICP discussed/agreed with child/ young person: | Yes ☐ No ☐ | Date: | If no, give reason |
| ICP discussed/agreed with parent(s)/guardian(s): | Yes ☐ No ☐ | Date: | If no, give reason |
| Copy of ICP given to child/young person and parents: | Yes ☐ No ☐ | Date: | If no, give reason |
| ICP completed by: *(Print Name/Title)* | | Signature: | |
| Child/Young Person: | | Signature: | |
| Parent(s)/ Guardian(s): | | Signature: | |