CAMHS Inpatient Individual Care Plan (ICP)

Child/Young Person's Details	
Name:	Address:
Gender:	
Date of Birth:	
Contact No.:	
Nationality:	
Admission Date: Time:	
Community CAMHS Involved: Yes ☐ No ☐ If yes, details:	
Estimated Discharge Date:	
Discharge Planning meeting arranged: Yes ☐ No ☐	

Consultant Details

CAMHS Key Worker	
Name(s):	Job Title(s):

Names and Roles of Individuals Present	
Young Person (If not present give reason)	
Medical	
Nursing	
Occupational Therapist	
Psychologist	
Social Worker	
Dietician	
Speech and Language Therapist	
Teacher	
Other	

Name: Date of Birth:

ICP No.	Date ICP completed	Next ICP review date

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

Young Person's views (what is the young person's input into their care plan)

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

Name: Date of Birth:

What is the Plan (Intervention)	Who is Responsible for Completing Action	Review date

Unmet needs (Please document any unmet needs)	Action

Name: Date of Birth:

Details of Other agencies involved (Current/Past)		
☐ SNA support	☐ Resource teaching	☐ Special class
☐ Special school	☐ Autism Unit	☐ School/Educational Support
☐ Primary Care	☐ Jigsaw	☐ Pieta
☐ Other:		

Please describe the nature and reason for any supports:

Scoring / Rating					
HONOSCA Score Admission:	Self rating	Mother	Father	Clinician	CGAS on Admission
HONOSCA Score on Discharge:	Self rating	Mother	Father	Clinician	CGAS on Discharge

Additional information/comments

Name: Date of Birth:

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:	

The statement from the child or young person expressing that they do not wish to be involved in the care planning process must be documented. This decision should be an informed choice, and the documentation should describe how the individual was informed about the importance of participating in their care planning, as well as how they were supported and encouraged to do so. Additionally, other individuals—such as family members, caregivers, or advocates—may participate in the care planning process.