KindCare
Support Plan

Plan Approval

Prepared By:		**Position/Title:**		**Date:**	
Approved by:		**Position/Title:**		**Date:**	
Next review date:					

Client and Contact Details

Client Details			
Client Name:		**Date of Birth:**	
Gender:		**Doctors Name:**	
ID:			
Participants involved in the care			
Name	**Relationship to Client**	**Area of Support**	
Emergency Contacts			
Name	**Relationship to Client**	**Contact No.**	

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Medical information

Health and medical information	
Allergies/Alerts	
Disability and/or medical condition	
Medications	

Risk

Risk summary	
Potential risks	
Risk level	High Medium Low
Controls	

Assessment

Assessment detail
Barriers

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Support strategies

Goals

Support strategies

Intervention strategies

Interventions

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Comments

Notes

Agreement

"I acknowledge that I have reviewed and agree to the support plan developed by KindCare to address my mental health needs. I agree that I have been involved in the development of this plan. I understand that this plan outlines the strategies and interventions that will be used to support my recovery and that it will be regularly reviewed and updated based on my progress and changing needs.

Client Name:	
Signature:	
Date:	
Carer Name:	
Signature:	
Date:	

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