

## **BAIN - Interagency Care Plan - Case Manager Handover**

### **Case Manager Handover**

Previous Case Manager:	
Agency:	
Newly Agreed Case Manager:	
Agency:	

I am satisfied with the manner in which this review has been conducted and with the agreements that have been reached with my involvement and/or on my behalf.

<b>Service User Signature (if present):</b>	
<b>Previous Case Manager</b>	
<b>New Case Manager:</b>	
Date:	