

South East Regional Substance Misuse Services

Care Plan Checklist

In determining your care plan, have you considered the following needs?

Priority	Need	Check
Immediate needs	First aid/medical	<input type="checkbox"/>
	Intoxication	<input type="checkbox"/>
	Risk to self, others	<input type="checkbox"/>
	Food	<input type="checkbox"/>
	Shelter, safety	<input type="checkbox"/>
Other needs	Physical condition of service user	<input type="checkbox"/>
	Prescribed medications	<input type="checkbox"/>
	Harm minimisation strategies	<input type="checkbox"/>
	Social/family	<input type="checkbox"/>
	Drug history	<input type="checkbox"/>
	Psychological/emotional	<input type="checkbox"/>
	Neurological – ABI	<input type="checkbox"/>
	Childcare	<input type="checkbox"/>
	Service user’s readiness to change	<input type="checkbox"/>
	Service user’s goals	<input type="checkbox"/>