// preview version only

Recovery Play - MH Services

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Demographics:

NHI:	_____	**Name:**	_____	**Phone No.** _____
Age:	_____	**Address:**	_____	**D.O.B.** _____
Gender:	_____	**GP:**	_____	**GP Phone No.** _____

Status and Dates:

Plan Date: _____ * 📅   **Expected Review Date:** _____ * 📅

Legal Status: _____   _____

Legal Status is automatically updated (from i.PM) each time the Recovery Plan form is edited. *Edits will be over written next update.*

Instructions:

Recovery Plans are developed predominantly for use by the Service user, to facilitate their own care.

Inclusive language should be used indicating participation of the Service User in their own recovery.

Social Indicators:

Accommodation Status: [_____ ▾] * Definitions

Dependants: ☐ None ☐ Infants, Children + Adolescents (0-17) ☐ Adult (18 - 64) ☐ Elderly (65+) ☐ Other∗

Support Needs: [_____ ▾]

Details: [_____]

Paid Employment: (select one) ◯ Not in paid employment (<1 hr / wk) ◯ Part time paid (1 - 30 hr /wk) ◯ Full Time Employment (>30 hr / wk) ◯ Retired *

Occupation: [_____]

Education / Training ◯ Pre-school ◯ Primary ◯ Intermediate ◯ Secondary ◯ Tertiary ◯ Trades / Other NZQA ◯ Other / Non NZQA ◯ None *

Description: [_____]

Meaningful Activities: [_____] *

☐ Carer Role ☐ Child Care / Parenting ☐ Community Centre ☐ Voluntary Work ☐ Recreation / Sport ☐ Other ☐ None∗

Usual GP [_____] * **Practice:** [_____]

GP Engagement Level: [_____ ▾] *

Service User Perspective:

This area can be used to record:
Service User Perspective, Wellness Statement, Overarching Goal for Recovery, Relationship with Family / Support Networks.

[_____]

Shared Perspective:

This area can be used to record:
A collaborative statement, mutually agreed upon, between Service user & Clinicians / Clinical Team

[_____]

Family / Whanau Perspective:

[_____]

My Risk Summary:

This area can be used to record:
My Understanding of My Risks and My Safety Plan

[_____]

Transition / Discharge Plan(s):

Strategies for next transition from high to low acuity; or to primary care and self management.
This section can be used for inpatient to community and community to primary care transitions.

[_____] *

Main Goals / Objectives:

. My Goals / Objectives Are:	. Actions, Interventions and Strengths:	By Whom/When?

1. [   ] *   [   ] *   [   ] *

2. [   ]   [   ]   [   ]

3. [   ]   [   ]   [   ]

4. [   ]   [   ]   [   ]

5. [   ]   [   ]   [   ]

Other Goals / Objectives

.   Other Goals / Objectives: (please list)   .   Other Interventions: .   By Whom / When?

.   [   ]   [   ]   [   ]

Completed Goals / Objectives (optional):

This area can be used to store completed goals / objectives to share with the service user.

[   ]

Attach Documents:

Find Document: [Add Document]

Early Warning Signs, Triggers:

Primary or Presenting Problem: [   ]

Early Warning Signs, Triggers and Actions:

.   My Early Warning Signs / Triggers Are: -   .   Whenever I Have These Signs I Will:

1. [   ] *   [   ] *

2. [   ]   [   ]

3. [   ]   [   ]

4. [   ]   [   ]

Please ensure most important Early Warning Sign is at top of the list

Other Information / MDT Review:

This field can be used to record any additional information relevant to the Service User's care and recovery.

[   ]

Advanced Directive:

Advanced Directive Status: [⌄]

Details of Current Medications:

[   ] *

If no relevant medications please state "none"

Support Team:

Keyworker:	[ ] *	Search Clear	**Telephone:**	[ ] *
Waikato DHB Team:	[⌄] *			
My Psychiatrist:	[ ]	Search Clear	**Telephone:**	[ ]
My Psychologist:	[ ]	Search Clear	**Telephone:**	[ ]
My Nurse is:	[ ]	Search Clear	**Telephone:**	[ ]
My Social Worker is:	[ ]	Search Clear	**Telephone**	[ ]
My Occupational Therapist is:	[ ]	Search Clear	**Telephone**	[ ]
My Doctor or GP is:	[ ]		**Telephone:**	[ ]
My support people are:	[ ]		**Telephone:**	[ ]

Other people involved in my care are:

Telephone:

If I have concerns I will contact:

Administration Detail:

Authored By: _____ *   **Designation:** _____ *

IPM Referral No. _____ *   <<-- If this field blank. Choose Referral at Top of Page!

Expand All   Spell Check...   Search Page   Clear Codes

Other people involved in my care are:

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