

Mental Health Care Plan Template

Care Plan for _____ Chart Reviewed _____

Date _____ Start time _____ End time _____

DSM 5 Diagnosis: _____

Medications: _____

Current concerns or problems: _____

Suicide risk assessment results: _____

Current supports and strengths: _____

Summary of condition: _____

Patient goals: _____

Plan: _____

Expected Outcomes: _____

Linkages with other health care providers and community resources (approved by patient) who will be involved in the patient's care: _____

Reassessment will be in _____