

**COMMUNITY MENTAL HEALTH  
 AND ADDICTION SERVICES**

**Assessment & Treatment Plan**

Name:  
 DOB:  
 NHI:  
 Address:

Phone:  
 Mobile:

Written By:  
 Role:  
 Date of Assessment:

Current Key Worker:  
 Psychiatrist/Medical:  
 Community or Other Worker:  
 GP:

Cultural Identity		Whanau/family Contacts	
If Maori include Iwi/Hapu		Name	
Preferred Language		Phone	
Gender		Address	
Marital status		Email	
Communication Barriers? Interpreter required?		Client's Nominated Caregivers	Primary: Other:
Legal Status (MHA, CJA, CYFS) Power of Attorney		Children/dependents	
Detail client consent for release of information		Other contacts (school etc)	

Source of Referral	
Reasons for Referral	
Presenting Complaints	
History of Presenting Complaints	
Psychiatric History	
Forensic History	
Medical History	
Medication	
Allergies	

<b>Substance Use</b>	
<b>Family Medical History</b>	
<b>Family Psychiatric History</b>	
<b>Personal and Social History</b>	
<b>Personality</b>	
<b>Cultural Assessment</b>	
<b>Strengths</b>	
<b>Mental State</b>	

## RISK ASSESSMENT

### 1/ Risks to Self

<b>History of Harm to Self</b>			
<b>What Happened</b>	<b>Mental State/Condition</b>	<b>Environmental Factors</b>	<b>Outcome</b>
<b>Current Suicidal Behaviour</b>			
<b>What Happened</b>	<b>Mental State/Condition</b>	<b>Environmental Factors</b>	<b>SUMMARY of Suicide Risk</b>

### 2/ Risks to Others

<b>History of Risks to Others</b>			
<b>What Happened</b>	<b>Mental State/Condition</b>	<b>Environmental Factors</b>	<b>Outcome</b>
<b>Current Risks to Others</b>			
<b>Describe threats/verbal/physical/neglect</b>	<b>Mental State/Condition</b>	<b>Environmental Factors</b>	<b>SUMMARY of Risks to Others</b>

### 3/ Vulnerability to Harm and Exploitation

History of Vulnerability			
What Happened	Mental State/Condition	Environmental Factors	Outcome
Current Risks of Harm and Exploitation			
Describe current Vulnerabilities	Mental State/Condition	Environmental Factors	SUMMARY of Risks of Vulnerability
Risk of Loss to Follow Up:			

Summary/Formulation	
Working Diagnosis	

Management Plan/Whakaora		Date:	Review Date:
Issue	Short term management	Medium to Long term	
Risk management			
Client's specific requests for management or Advance Directive			
Whanau consultation			

Add more rows as needed

Cut and paste a copy below of the Management table when Plan is reviewed.  
Ensure Client's Recovery plan is updated if Management Plan changes

# Te Whatu Ora

Health New Zealand

Te Tai Tokerau

COMMUNITY MENTAL HEALTH  
AND ADDICTION SERVICES

## TRK Recovery / Transition Plan

(Client owned document)

Name:

DOB:

NHI:

Address:

Phone:

Mobile:

Date Completed:

Written By:

Role:

If you have any concerns or queries please contact Mental Health Services Crisis Service  
Monday to Friday - 8.00am – 4.30pm

Whangarei: Phone: 430 4101 - Ext 3501

Mid North: Phone (09)404-2858 Ext 5871

Kaitiaki: Phone (09) 4080010 – Ask for Mental Health crisis service

Weekends and after hours

Mental Health Line 0800 22 33 71

### What are my priorities and Personal Goals

- 1.
- 2.
- 3.
- 4.

### Actions towards my Goals / Things I have been working on

### The things that I have achieved since I first started working with the service:

### Who else will be involved? Include names and numbers (NGO, family/whanau etc).

<b>Things I can do to stay well or that have supported my well being</b>
<b>Things that may make me unwell</b>
<b>My early warning signs</b>

<b>When things are breaking down / My just-in-case plans</b>
<b>If I need support I can contact</b>
Urgent:
Non-urgent:

<b>My Medications</b>				
Medication Name	What it does	Dose	How to take it	When to take it

My Appointments		
Appointment with	Date	Phone Number

<b>My plans for follow-up with other services:</b>
<b>What I need from other services:</b>

<b>Copy Provided to Client :</b>	<b>Yes / No</b>	<b>Date</b>	
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# Te Whatu Ora

Health New Zealand

Te Tai Tokerau

## COMMUNITY MENTAL HEALTH AND ADDICTION SERVICES

### Recovery Plan

(Client owned document)

Name:

DOB:

NHI:

Address:

Phone:

Mobile:

Date Completed:

Written By:

Role:

If you have any concerns or queries please contact Mental Health Services Crisis Service  
Monday to Friday 8.00am – 4.30pm

Whangarei area: (09) 430-4101. Extn: 3537

Kaipara area: (09) 439-3330. Extn: 65401

Mid North / Kaikohe: 0800 643 647

Far North: (09) 408-9187

After hours: 0800 as normal

Weekends and after hours

Mental Health Line 0800 22 33 71

Team	Name	Phone	Support people	Phone
Keyworker				
GP				
Consultant				
Other				

#### What are my priorities (Goals)

- 1.
- 2.
- 3.
- 4.

#### Agreed actions

#### Who else will be involved? (NGO, family/whanau or DHB)

<b>Things I can do to stay well</b>
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<b>Things that may make me unwell</b>
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<b>My early warning signs</b>
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<b>When things are breaking down (crisis plan)</b>
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<b>Copy Given To Client:</b>	<b>Yes / No</b>	<b>Date</b>	
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