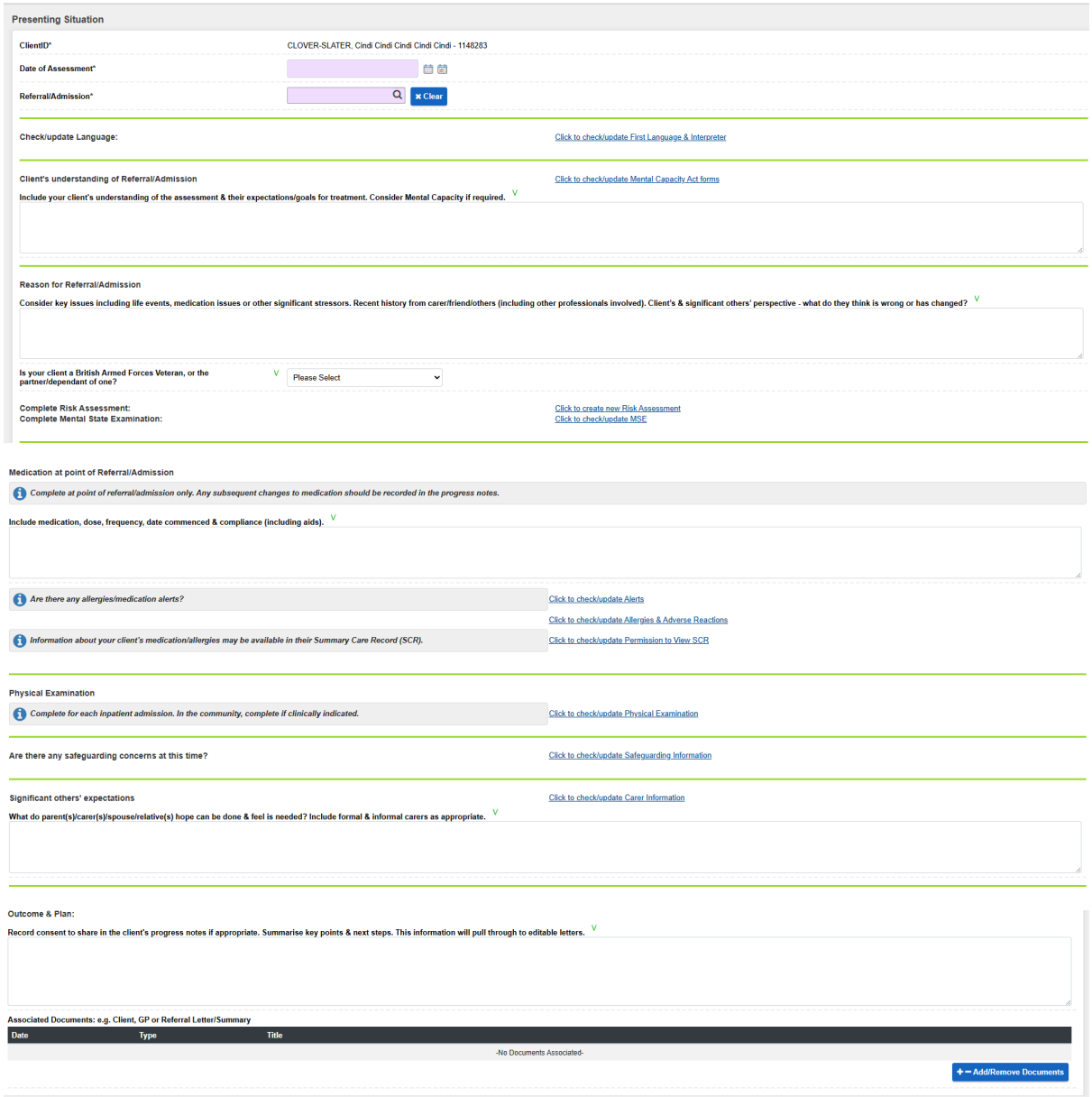
Core assessment forms:

Presenting Situation:



Personal Circumstances:

Personal Circumstances

Client CLOVER-SLATER, Cindi Cindi Cindi Cindi Cindi - 1148283

Date/time

This form should be completed & updated at Assessment, Care/CPA Review & at any other times as circumstances change.
REMEMBER when completing a Care/CPA review to "Create new" - even if nothing has changed - this indicates that information has been reviewed and is up to date.

Accommodation

Address Rikenel, Montpellier, Gloucester, Glos, GL1 1LY (As at: 12 Mar 2025) Click to update Address

Accommodation Status V Settled mainstream housing with family/friends

Tick to record details of housing or care placement funding authority V ☐

If relevant, give details of accommodation/housing including accommodation type, local facilities, years at present address and any problems with housing. V

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Daily Routine

Activities of Daily Living

Details of your client's daily living skills and capabilities, including personal care (washing, dressing, eating, drinking, toileting), domestic activities (cleaning, cooking, laundry, shopping) and complex living skills (budgeting, organising). Include any assistance if needed. V

Education & Work

Further details regarding the Client's employment may be found in the Employment Information form Click to view Employment Information

Employment Status V Unemployed and seeking work

Client meets criteria for Individual Placement Support Service (IPS) V ☑

Details of current schooling/pre-school, courses, learning or development your client is undertaking and any problems with this. Include any current employment or voluntary work and any barriers or difficulties associated with work or maintaining/seeking work. V

Problematic Behaviours

Detail behaviours such as drug taking, alcohol, gambling, over/under eating, excessive shopping and any other behaviours that challenge. V

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Finances & Benefits

If relevant, give details of income including any benefits received such as Personal Independence Payment (PIP)/Disability Living Allowance (DLA), Universal Credit (UC), Employment Support Allowance (ESA), Job Seeker's Allowance (JSA), Income Support, Tax Credits, Carer's Allowance, Attendance Allowance and pensions. Include details of access to savings/trust funds if appropriate. V

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National Insurance Number Not recorded Click to update National Insurance Number

Tick here to record IPS Service Better off Calculations V ☐

Responsibilities

Is your client a carer/young carer? V Yes - Adult Carer

Details of the person(s) cared for and the level of care/support provided by your client. V

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*The person(s) your client is caring for should be recorded as a dependant via either the **Family Household** form, **Other Children in Contact with Client** form or **Personal contacts**.*

Does your client have significant/regular contact with children? V Yes Click to check/update Other Children in Contact with Client & Family Household forms

In what capacity is this contact with children? e.g. teacher, scout leader, grandparent. V Lorem ipsum d

*Children with whom your client has significant contact must be recorded in either the **Family Household** form or **Other Children in Contact with Client** form.*
If contact with children is in a group setting e.g. as a group leader/teacher/volunteer, there is no expectation to record all children's details in the 'Other Children in Contact with Client' forms.

Does your client have a pregnant partner? V No

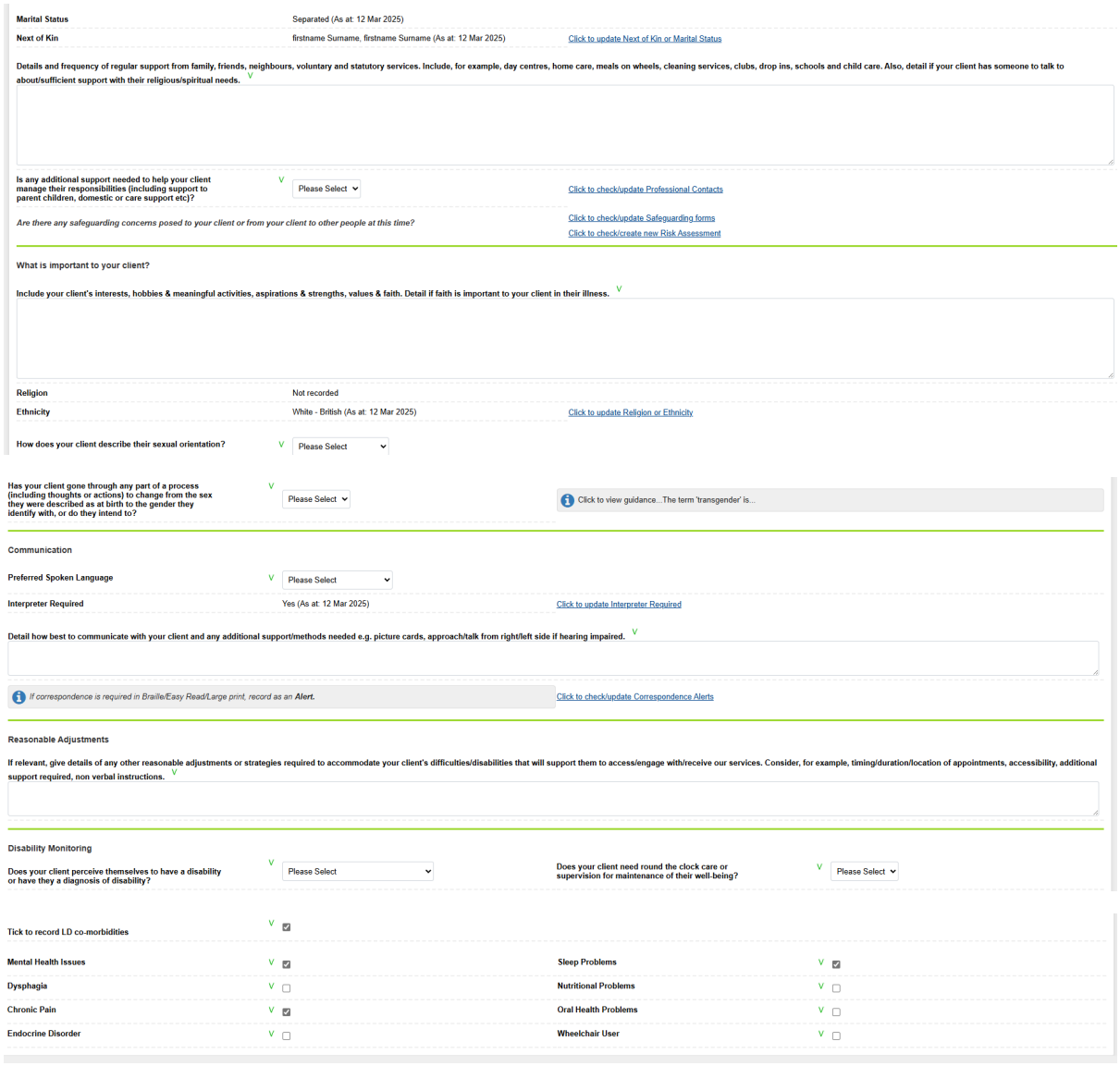
Support Network

Does your client have a carer? No (unvalidated) (As at: 18 Feb 2019) Click to update Carer Information

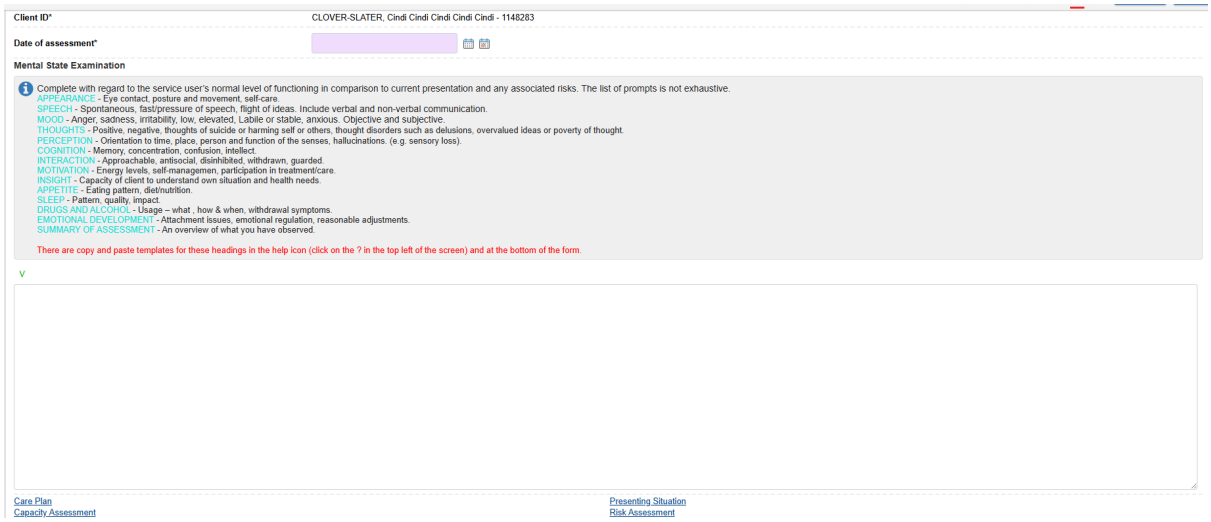
Does your client live alone or with others? V Lives with Others - Always or Part time Click to view guidance... - If your client lives in...

*Details of who your client lives with (all of the time or part of the time) must be recorded in the **Family Household** forms.*

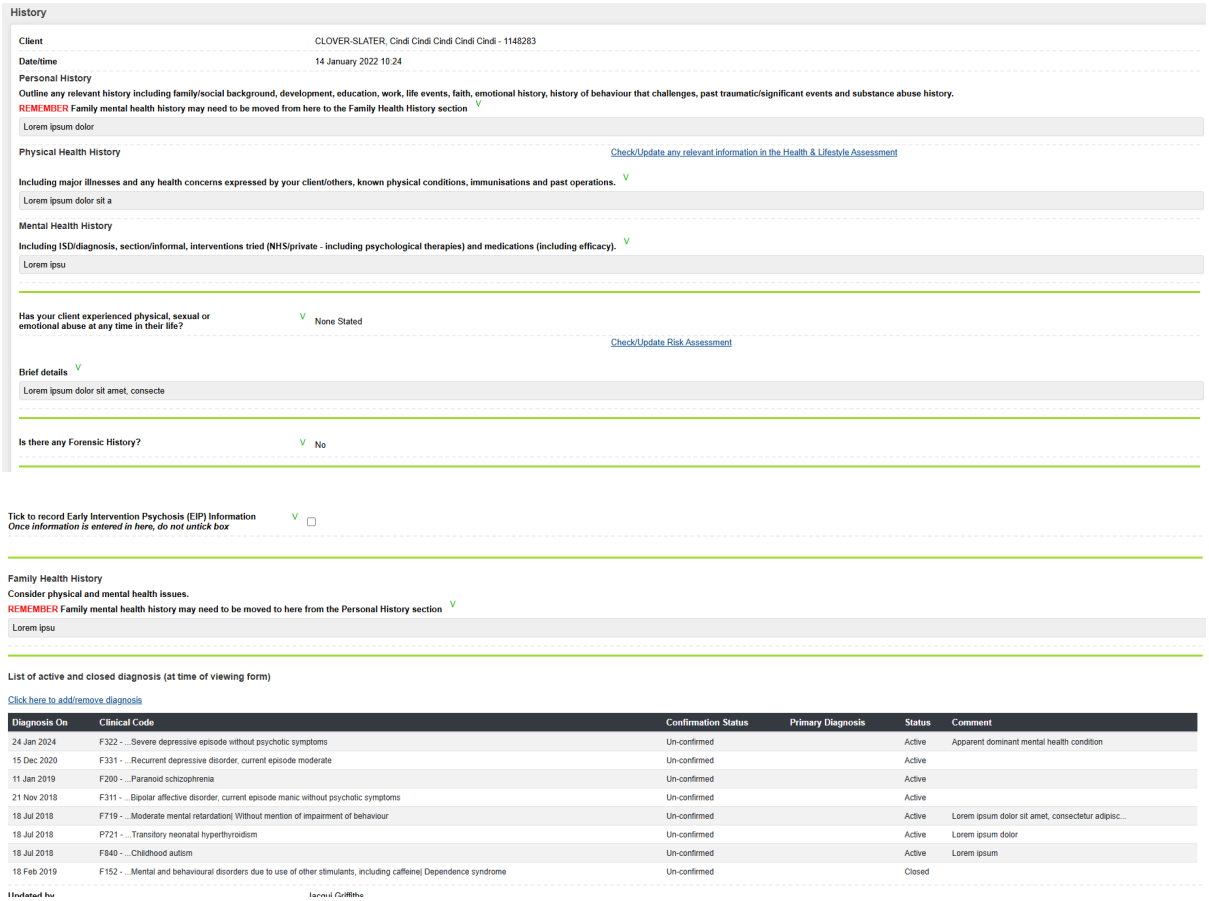
Click to check/update Family Household forms


Marital Status
Separated (As at: 12 Mar 2025)
Next of Kin
firstname Surname, firstname Surname (As at: 12 Mar 2025)
Click to update Next of Kin or Marital Status
Details and frequency of regular support from family, friends, neighbours, voluntary and statutory services. Include, for example, day centres, home care, meals on wheels, cleaning services, clubs, drop ins, schools and child care. Also, detail if your client has someone to talk to about/sufficient support with their religious/spiritual needs.
Is any additional support needed to help your client manage their responsibilities (including support to parent children, domestic or care support etc)?
Please Select
Click to check/update Professional Contacts
Are there any safeguarding concerns posed to your client or from your client to other people at this time?
Click to check/update Safeguarding forms
Click to check/create new Risk Assessment
What is important to your client?
Include your client's interests, hobbies & meaningful activities, aspirations & strengths, values & faith. Detail if faith is important to your client in their illness.
Religion
Not recorded
Ethnicity
White - British (As at: 12 Mar 2025)
Click to update Religion or Ethnicity
How does your client describe their sexual orientation?
Please Select
Has your client gone through any part of a process (including thoughts or actions) to change from the sex they were described as at birth to the gender they identify with, or do they intend to?
Please Select
Click to view guidance...The term 'transgender' is...
Communication
Preferred Spoken Language
Please Select
Interpreter Required
Yes (As at: 12 Mar 2025)
Click to update Interpreter Required
Detail how best to communicate with your client and any additional support/methods needed e.g. picture cards, approach/talk from right/left side if hearing impaired.
If correspondence is required in Braille/Easy Read/Large print, record as an Alert.
Click to check/update Correspondence Alerts
Reasonable Adjustments
If relevant, give details of any other reasonable adjustments or strategies required to accommodate your client's difficulties/disabilities that will support them to access/engage with/receive our services. Consider, for example, timing/duration/location of appointments, accessibility, additional support required, non verbal instructions.
Disability Monitoring
Does your client perceive themselves to have a disability or have they a diagnosis of disability?
Please Select
Does your client need round the clock care or supervision for maintenance of their well-being?
Please Select
Tick to record LD co-morbidities
Mental Health Issues
Sleep Problems
Dysphagia
Nutritional Problems
Chronic Pain
Oral Health Problems
Endocrine Disorder
Wheelchair User

MSE:


Client ID*
CLOVER-SLATER, Cindi Cindi Cindi Cindi Cindi - 1148283
Date of assessment*
Mental State Examination
Complete with regard to the service user's normal level of functioning in comparison to current presentation and any associated risks. The list of prompts is not exhaustive.
APPEARANCE - Eye contact, posture and movement, self-care.
SPEECH - Spontaneous, fast/pressure of speech, flight of ideas. Include verbal and non-verbal communication.
MOOD - Anger, sadness, irritability, low, elevated, Labile or stable, anxious. Objective and subjective.
THOUGHTS - Positive, negative, thoughts of suicide or harming self or others, thought disorders such as delusions, overvalued ideas or poverty of thought.
PERCEPTION - Orientation to time, place, person and function of the senses, hallucinations. (e.g. sensory loss).
COGNITION - Memory, concentration, confusion, intellect.
INTERACTION - Approachable, antisocial, disinhibited, withdrawn, guarded.
MOTIVATION - Energy levels, self-managemen, participation in treatment/care.
INSIGHT - Capacity of client to understand own situation and health needs.
APPETITE - Eating pattern, diet/nutrition.
SLEEP - Pattern, quality, impact.
DRUGS AND ALCOHOL - Usage – what , how & when, withdrawal symptoms.
EMOTIONAL DEVELOPMENT - Attachment issues, emotional regulation, reasonable adjustments.
SUMMARY OF ASSESSMENT - An overview of what you have observed.
There are copy and paste templates for these headings in the help icon (click on the ? in the top left of the screen) and at the bottom of the form.
Care Plan
Capacity Assessment
Presenting Situation
Risk Assessment

History:



History

Client: CLOVER-SLATER, Cindi Cindi Cindi Cindi Cindi - 1148283

Date/time: 14 January 2022 10:24

Personal History

Outline any relevant history including family/social background, development, education, work, life events, faith, emotional history, history of behaviour that challenges, past traumatic/significant events and substance abuse history.

REMEMBER Family mental health history may need to be moved from here to the Family Health History section

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Physical Health History — Check/Update any relevant information in the Health & Lifestyle Assessment

Including major illnesses and any health concerns expressed by your client/others, known physical conditions, immunisations and past operations.

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Mental Health History

Including ISD/diagnosis, section/informal, interventions tried (NHS/private - including psychological therapies) and medications (including efficacy).

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Has your client experienced physical, sexual or emotional abuse at any time in their life? None Stated

Check/Update Risk Assessment

Brief details

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Is there any Forensic History? No

Tick to record Early Intervention Psychosis (EIP) Information

Once information is entered in here, do not untick box

Family Health History

Consider physical and mental health issues.

REMEMBER Family mental health history may need to be moved to here from the Personal History section

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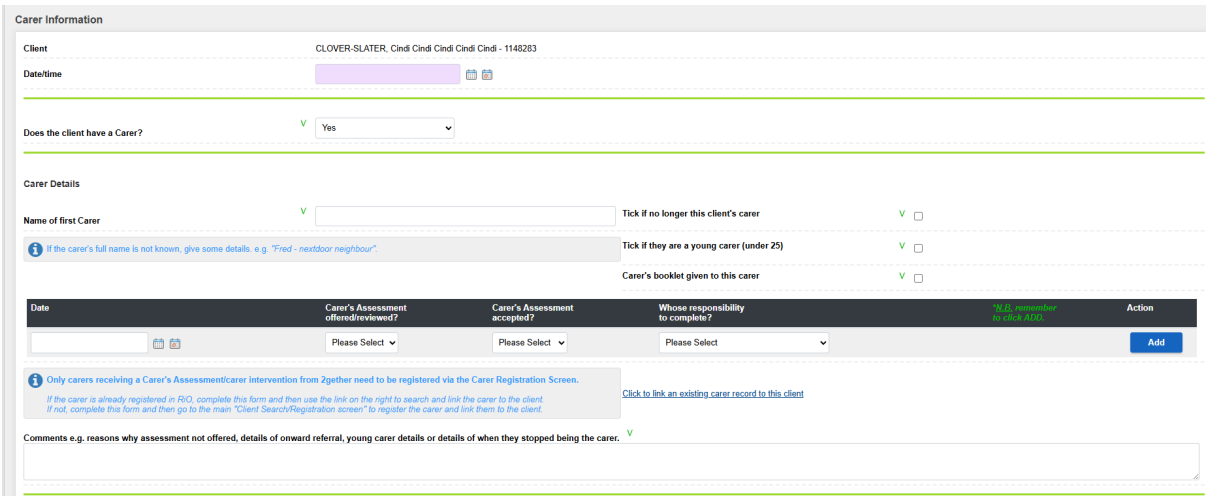
List of active and closed diagnosis (at time of viewing form)

Click here to add/remove diagnosis

Diagnosis On	Clinical Code	Confirmation Status	Primary Diagnosis	Status	Comment
24 Jan 2024	F322 - ...Severe depressive episode without psychotic symptoms	Un-confirmed		Active	Apparent dominant mental health condition
15 Dec 2020	F331 - ...Recurrent depressive disorder, current episode moderate	Un-confirmed		Active	
11 Jan 2019	F200 - ...Paranoid schizophrenia	Un-confirmed		Active	
21 Nov 2018	F311 - ...Bipolar affective disorder, current episode manic without psychotic symptoms	Un-confirmed		Active	
18 Jul 2018	F719 - ...Moderate mental retardation| Without mention of impairment of behaviour	Un-confirmed		Active	Lorem ipsum dolor sit amet, consectetur adipisc...
18 Jul 2018	P721 - ...Transitory neonatal hyperthyroidism	Un-confirmed		Active	Lorem ipsum dolor
18 Jul 2018	F840 - ...Childhood autism	Un-confirmed		Active	Lorem ipsum
18 Feb 2019	F152 - ...Mental and behavioural disorders due to use of other stimulants, including caffeine| Dependence syndrome	Un-confirmed		Closed	

Updated by Jacqui Griffiths

Carer's information:



Carer Information

Client: CLOVER-SLATER, Cindi Cindi Cindi Cindi Cindi - 1148283

Date/time

Does the client have a Carer? Yes

Carer Details

Name of first Carer

If the carer's full name is not known, give some details. e.g. *"Fred - next door neighbour"*.

Tick if no longer this client's carer

Tick if they are a young carer (under 25)

Carer's booklet given to this carer

Date	Carer's Assessment offered/reviewed?	Carer's Assessment accepted?	Whose responsibility to complete?	*"PLS remember to click ADD."*	Action
	Please Select	Please Select	Please Select		Add

Only carers receiving a Carer's Assessment/carer intervention from 2gether need to be registered via the Carer Registration Screen.

If the carer is already registered in RiO, complete this form and then use the link on the right to search and link the carer to the client.
If not, complete this form and then go to the main "Client Search/Registration screen" to register the carer and link them to the client.

Click to link an existing carer record to this client

Comments e.g. reasons why assessment not offered, details of onward referral, young carer details or details of when they stopped being the carer.

Employment information:

Employment Information

Client CLOVER-SLATER, Cindi Cindi Cindi Cindi Cindi - 1148283

Assessment Date/time

One form should be completed per employment/job role. Please remember to add an end date at the bottom of the form for each employment once it has ended.

Employment Status and Total Weekly Hours Worked are recorded in the Personal Circumstances form

Click here to update Employment Status and Total Weekly hours worked

Employment Information

Name of Employer V

Date Employment started V

Job title V

Employment Sector V Please Select

Employment Type V Please Select

Hours worked for this employment V Please Select

This relates to the average number of hours worked per week and may not be what the person is contracted to.

Has the client shared personal information regarding their mental health with the employer? V ○ Yes ○ No

Employer Contact Details

Contact name	Contact start date	Contact information (tel/email/address)	Contact end date	*N.B. remember to click ADD.*	Action
					Add

Long Term Sickness and Return to Work

Date client signed off work	Planned return to work date	Actual return to work date	Comments	*N.B. remember to click ADD.*	Action
					Add

Additional Comments

V

Employment End Date

Date Employment ended V