

<b>LHT</b>   London Housing Trust	<b>SUPPORT PLAN REVIEW</b>	<b>LHT</b>   London Housing Trust
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<b>Client:</b>		<b>Review Date:</b>	
<b>Date of Birth:</b>		<b>Move in Date:</b>	
<b>Support worker:</b>		<b>CPA Level:</b>	
<b>Shadow Support worker:</b>		<b>Mental Health Status:</b>	
<b>Nature of Review:</b>			

	<b>Role/Designation:</b>	<b>Name:</b>	<b>Attended</b>
<b>1</b>	GP		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>2</b>	Consultant		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>3</b>	Community Keyworker		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>4</b>	Next of Kin		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>5</b>	Manager		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>6</b>	Support Worker		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>7</b>	Customer		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>8</b>	Team Leader		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**Introduction:**

Attendance List – Minutes compiled by...

**REVIEW MINUTES**

	<b>SUPPORT PLAN REVIEW</b>	
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Item	Notes	Action (By Whom)
1. Managing Mental Health		
2. Social Networks & Relationships		
3. Living Skills & Managing My Money		
4. Managing Where I live		
5. Addictive Behaviour/Health and Safety		
6. Self Care/Physical Health		
7. Personal Responsibilities.		
8. Identity & Self Esteem		
9. Date, Time & Place of Next KW Session		

N.B.

- 1 Pay particular attention to decisions and actions reached in the last review.
- 2 When minuting include Client's views and use quotes where possible.

Signed .....

Dated .....

**RECOVERY STAR**

Clients' Name:

Support Worker Name:

Date:..... Review (1<sup>st</sup> / 2<sup>nd</sup> etc.).....

Completed by:

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Support and Client Jointly

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Support only

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Client only

