

# My CPA/CMHF Passport

## My information

My name is: \_\_\_\_\_

I like to be known as: \_\_\_\_\_

My NHS number:

My date of birth:   /   /

My in reach team is: \_\_\_\_\_

My community team is: \_\_\_\_\_

\_\_\_\_\_

Services I am working with: \_\_\_\_\_

\_\_\_\_\_

My family/friends/carers involved in my care are:

\_\_\_\_\_

# My Communication

When communicating with me, preferred language is:

\_\_\_\_\_

I can also use: \_\_\_\_\_

I need an interpreter for my preferred language: YES  NO



I communicate with people using:

*Example: Gestures, facial expressions, pictures, over the phone, texting or other technology*



What you should be aware of when communicating with me:

*Example: Face me, speak clearly, tap furniture to get my attention, ensure my hearing aid is on, tell me what you are doing, confirm I have understood*

# My Treatment



My strengths are:



My goals are:



I receive support with:



My difficulties are:

# My CPA/CMHF Care Plan



My medication (including side effects):



Risk to self and others:

I have received a copy of my last report: YES  NO

My next meeting is on:

/   /

On my next meeting, I would like to discuss:

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