

BLUEFIELD CARE: CARE REVIEW Template

Service User

Date

Others Present:

| | Changes- in my view | Changes- in my assessors' view | Agreed changes |
|-------------------------|---------------------|--------------------------------|----------------|
| Choice and Control | | | |
| Communication | | | |
| Personal Care | | | |
| Nutrition and Hydration | | | |

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|-----------------------|--|--|--|
| Medical and Health | | | |
| Medication | | | |
| Keeping Safe | | | |
| Risk Assessments | | | |
| Advance Care Planning | | | |

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|---|--|--|--|
| Social, Cultural and Leisure Activities | | | |
| Rest and Sleep | | | |
| Consent to Care and Support | | | |

Service User Signature:

Date:

Assessor Signature:

Date:

Agreed review frequency:

Date of next review: