

CARE PLAN

Patient name:

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Date of birth CHI number

Date	Goal, e.g.	Management plan, e.g.	Review date
	1. <i>reduce episodes of heroin use</i>	1. <i>spend time with non drug using friends</i> 2. <i>aim to provide 'clean' urine</i>	

CHECKLIST:

Christo Inventory	Regular urine toxicology	Discuss Hep B, A, C and HIV	Document contact with other agencies
Document injecting	Supervision of methadone	Immunise against Hep B	Child protection