

DIALOG+ screen

DIALOG+

Client: ZZTESTT, Dummyforty (Miss) - 21601518

Date/time:

Please check and select the correct referral /admission for each DIALOG+ form

Referral / Admission:

Is this a CPA review? Please Select Stage of Treatment: Please Select

Select the appropriate option for this service user: Please Select [Link to Mental Capacity Assessment](#)

What recovery means to me? My long term goals. What I would like to achieve in 12 months time.

What matters to me?

My skills, strengths and experiences that will help me achieve my goals

i a) This form must be completed at point of entry into the service, at regular intervals throughout clinical contact and at discharge

i b) In all scenarios the answer to the question 'Does the service user want help?' should be completed by the service user. Occasionally the clinician's view may be different to that of the service user or the service user may lack the capacity to decide. In both cases the box most likely to represent the service user's views should be ticked. The free text box should then be used to provide reasons for the service user's view followed by the views of the professional or family if different.

i c) When discussing and creating an action plan please follow steps 1-3 for each area you agree to discuss today

Step 1: Understanding - why this rating and not a lower one? - what is working? Step 2: Looking forward - best case scenario? - smallest improvement? Step 3: Considering options - what can the patient do? - what can the clinician do? - what can others do?

Likert Scale Rating

* Totally dissatisfied * Very dissatisfied * Fairly dissatisfied * In the middle * Fairly satisfied * Very satisfied * Totally satisfied

Mental health goals and actions

How satisfied are you with your mental health? Please Select Does the service user want help? Yes No

Physical health goals and actions

How satisfied are you with your physical health? (this could include health generally, long or short term conditions, hospital / GP appointments, access to specialist support such as physiotherapy, dental care etc) Please Select Does the service user require help? Yes No [Link to the Physical health forms](#)

Job situation goals and actions

How satisfied are you with your job situation? (this could include school, college, education, training or voluntary work) Please Select Does the service user want help? Yes No

[Link to the Accommodation and Employment status form](#)

Accommodation goals and actions

How satisfied are you with your accommodation? (this could include your home or the ward environment if you are an inpatient) Please Select Does the service user want help? Yes No

Leisure activity goals and actions

How satisfied are you with your leisure activities? (this could include hobbies, exercise, socialising etc) Please Select Does the service user want help? Yes No

Relationship with partner / family goals and actions

How satisfied are you with your relationship with your partner / family? (this could include issues relating to children, such as childcare, or informal carers) Please Select Does the service user want help? Yes No

Friendship goals and actions

How satisfied are you with your friendships? (this could include meeting new people and forming new friendships, support from a befriender) Please Select Does the service user want help? Yes No

How satisfied are you with your personal safety? (this could include safeguarding concerns, concerns about safety in the home / community or on the ward if you are an inpatient) Please Select Yes No

Personal safety goals and actions

How satisfied are you with your finances? (this could include rent arrears, debt, issues with welfare benefits, budgeting, savings or access to money (such as appointeeship)) Please Select Yes No

Finance goals and actions

How satisfied are you with your expression of identity? (this could include religious / faith beliefs, access to religious or spiritual support, cultural needs or issues (food, cultural practices, identified or unmet cultural needs), gender, sexuality, sexual orientation, how one theme might impact on another and/or how you feel able (or unable) to express any of these themes) Please Select Yes No

Identity goals and actions

How satisfied are you with your substance / alcohol use? (this could include amount consumed, frequency, impact on finances, impact on mental or physical health, harm reduction, support from GP or drug / alcohol agencies) Please Select Yes No

Substance /alcohol use goals and action

How satisfied are you with your medication? (this could include type, dose, frequency, information provided, impact on physical health, interactions with physical health medication, support / independence in medication management, pharmacy arrangements etc) Please Select Yes No

Medication goals and actions

How satisfied are you with the practical help you receive? (this could include help from a support worker, housing officer or paid carer) Please Select Yes No

Practical help goals and actions

How satisfied are you with your meetings with mental health professionals? (this could include frequency of appointments, access to mental health professionals, level or type of support, rapport, ward round arrangements etc) Please Select Yes No

Meetings with mental health professionals goals and actions

Carer's views

[Link to progress notes](#) [Click this link for CPA documentation on the Intranet](#) [Link to adult risk assessment](#) [Link to CAMHS risk assessment](#)

Please attach any relevant documents including Local Authority funding agreements

Date	Type	Title
05 Dec 2017	MH Reports/Assessments	05/12/2017

[+ Add/Remove Documents](#)