Choice Appointment Summary

NHI ID:

Date: _____

Present: _____

_____

Choice Clinician: _____

We are meeting today because:

Goal:

Next steps after Choice:

If you need urgent mental health support or you have increased safety concerns before your next appointment, please contact: _____

Plan:

Follow up with: _____

On date: _____

Time: _____

Location: _____

_____

☐ We have decided that you do not need further ICAMHS sessions at this time. If you require help in the future, please contact: _____

_____

_____

Previous visits to service: ☐ Yes ☐ No

HoNOSCA Score: _____

Strengths:

Formulation:

CC List:

_____

_____

_____

_____

Child/young person name: _____

Child/young person/carer signature:_____

Clinician name: _____

Clinician signature: _____