

Shared comprehensive assessment form

NHS Number:

DOB:

Address:

Telephone number:

Best way to contact if not on above number:

Name of consulting GP:

Date/timescale to next GP appointment:

NHS Number:

GP ASSESSMENT

Main concerns (Individual's main worries/problems/concerns - debt and other - their words):

Diagnoses (Ongoing/significant past):

Anxiety/depression (severity):

OCD/PTSD/phobia/panic:

Problematic substance use:

Physical conditions:

Psychological difficulties relevant to debt concerns/management:

Tiredness/energy/apathy:

Concentration/agitation:

Anger/irritability:

Fears (new people/opening post/going out/other):

Hopelessness/suicide risk:

No thoughts of deliberate self-harm

Some thoughts but no intent (low risk)

Significant thoughts/plans but no intent (moderate risk)

Significant thoughts/plans with intent (high risk – **delay** referral to CAB and refer to specialist mental health services)

NHS Number:

GP ASSESSMENT

Other social difficulties:

Housing:

Work/study:

Relationships:

Current domestic violence emotional abuse:

3 most important individualised goals for future:

Immediate:

Medium-term:

Long-term:

Other treatment (ADs, therapy, exercise etc.):

Ongoing treatment:

Management decisions today:

I agree to this information being sent to the Citizens Advice Bureau (CAB)

Name..... Signature.....

Date.....

NHS Number:

CAB ASSESSMENT

Debts summary:

Number of Priority debts:

Number of secondary debts:

Summary of imminent risk (e.g. eviction, loss of utilities etc.):

Summary current/ongoing social difficulties:

NHS Number:

CAB ASSESSMENT

Summary Action Plan

Debt management plan:

Sign posting (other services):

Patient request (may require GP action e.g. requested referral to IAPT services):

I agree to this information being sent to the GP

Name..... Signature.....

Date.....

Shared Comprehensive Assessment: GP Follow up Form

NHS Number:

DOB:

Name:

Date:

Summary information of key changes (as appropriate):

I agree to this information being sent to the Citizens Advice Bureau (CAB)

Name..... Signature.....

Date.....

Shared Comprehensive Assessment: CAB Follow up Form

NHS Number:

DOB:

Name:

CAB Follow up appointment

Date appointment:

Follow up appointment: [insert number - 1, 2 or 3]

Case Update (Stage case is at and client engagement):

Agreed Actions (what was discussed and agreed or next stage in brief e.g. 3 lines):

Is this the client's last appointment with CAB? Yes / No (circle as appropriate)

I agree to this information being sent to the GP

Name..... Signature.....

Date.....