

# Evaluating Care Scenario

Candidate's Name: \_\_\_\_\_

## Note to Candidate:

- This document must be completed using a **BLUE PEN**
- At this station, you should have access to your **Assessment, Planning and Implementation** documentation
  - If not, please ask the examiner for it
  - **Please Note: there are 3 pages to this document**
- Document to **NMC standards**
- Your examiner will retain all documentation at the end of the station

**Scenario:**

Complete the Referral of Care letter to ensure that the Community Mental Health Team have a full and accurate picture of the patient's history and needs.

Complete **all** sections of the document.

Assume it is **Today** and it is **xx:xx**

## Referral of Care Letter

**Patient Details:**

**What is the main reason/purpose for the referral to the Community Mental Health Team?**

**Date of admission:**

**Identify the actual and/or potential nursing care needs / problems / activities of living which led to the referral to the Community Mental Health Team**

**Outline the nursing care provided to meet the identified needs**

