

Complex Care Plan Template (HSC 03.04J)

Involvement of Health Care Professionals

Professional	Active or planned	Contact Information (if available)	Additional Information (role, goal linkages, next appointment, etc.)
<input type="checkbox"/> Specialist			
<input type="checkbox"/> Pharmacist			
<input type="checkbox"/> Dietician			
<input type="checkbox"/> Nurse			
<input type="checkbox"/> Physician Assistant			
<input type="checkbox"/> Psychologist			
<input type="checkbox"/> Social Worker			
<input type="checkbox"/> Other			

End of Life / Advance Care Planning discussed
If yes, provide details:

Yes No N/A

Part 2: Goals Must be clearly defined and agreed upon between the patient and/or the patient's agent and the physician. This section is to be completed by the patient in partnership with the physician and/or care team. May include concerns about medical conditions, problems, barriers or next steps, and are followed by actions, solutions, observations, the current status of the goals and expected outcomes, etc.

Goal	Action	Who is Responsible	Expected Outcome	Result

Declaration

We (the physician and patient/patient agent) have discussed this care plan and the patient/patient agent has received a written copy of it. A similar document has not been completed with another physician in the past twelve months.

Patient &/or Agent Names (please print) Signature

Date

Physician Name (please print)

Signature

Date



Section of
Rural Medicine
Section of
General Practice

