## Complex Care Plan Template (HSC 03.04J)

Patient:	(Affix label)							1	Date:					
Diagno "Comp patient	lex" patient means n must have at least t	wo diagnos	nplex h	nealth m Gro	needs up A O	includ R at le	ling chr	onic d	isease Group	e and o	other c	omplic	cations roup B	. The
		GROUP A						(	<u>GROU</u>	PB				
	☐ Hypertensiv ☐ Diabetes Me ☐ COPD (496) ☐ Asthma (493) ☐ Heart Failur ☐ Ischaemic H	ellitus (250) ) 3) e (428)		414)		0	Menta Obesit Addict Tobac	y (278 ions (3	) 03-30	·				
copy in	History (Note: If the stead of completing	the require	d field	s. The	form r	nust s	till incl	ude ap	propr	iate siç	gnatur	es.)	ttach a	hard
1.	m List (allergies, m	edical cond	itions,	ımpoı	rtant m	5.	nistory	, barrı	ers, p	robiem	is etc.)	1		
2.			<u> </u>			6.			_					
3.						7.	_				_			
4.						8.	<u>-</u>							
Lifesty	le Issues and Oth	er Relevan	t Info	matio										
Caffeine Smoking Alcohol Recreat	g jional Drugs	□ No □ No □ No □ No	□ Ye □ Ye □ Ye □ Ye	s s s			P C S S	ack ye onsum pecific pecific	ars _ ption ( s s	otion (day/wk	/mo ) _			- -
-	nt Medications													
Medica	tion			Probl	em	<del></del>						osage		
<u>-</u>														
											$\dashv$			
Therap	pies/Interventions													
	pies/ Interventions	No. Per Year	Sche	duled s	services	are to	be show	wn und	er res <sub>l</sub>	pective	months	s listed	below	
		1541	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
											Ц.			

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Professional	Active or		act Information		Additional Inf	
Cassislist	planned	(if ava	ilable)		(role, goal linka	ages, next appointment, etc
☐ Specialist						
□ Pharmacist						
□ Dietician						
□ Nurse						
☐ Physician Assistan	ıt					_
☐ Psychologist						
☐ Social Worker						
☐ Other				_		
						nt's agent and the physician
nedical conditions, pro	blems, barriers or r	ient in p	partnership with	he physician	and/or care tea	m. May include concerns at oservations, the current state
nedical conditions, pro f the goals and expect	blems, barriers or r	ient in p	partnership with	he physician	a and/or care tea	m. May include concerns at
nedical conditions, pro	blems, barriers or r ted outcomes, etc.	ient in p	partnership with eps, and are follo Who is	the physiciar wed by actio	a and/or care tea	m. May include concerns ab oservations, the current state
nedical conditions, pro of the goals and expect	blems, barriers or r ted outcomes, etc.	ient in p	partnership with eps, and are follo Who is	the physiciar wed by actio	a and/or care tea	m. May include concerns ab oservations, the current state
nedical conditions, pro of the goals and expect	blems, barriers or r ted outcomes, etc.	ient in p	partnership with eps, and are follo Who is	the physiciar wed by actio	a and/or care tea	m. May include concerns ab oservations, the current state
nedical conditions, pro of the goals and expect	blems, barriers or r ted outcomes, etc.	ient in p	partnership with eps, and are follo Who is	the physiciar wed by actio	a and/or care tea	m. May include concerns ab oservations, the current state
nedical conditions, pro of the goals and expect	blems, barriers or r ted outcomes, etc.	ient in p	partnership with eps, and are follo Who is	the physiciar wed by actio	a and/or care tea	m. May include concerns ab oservations, the current state
nedical conditions, proof the goals and expect  Goal  Declaration  We (the physician ar	Action  Action  Action	agent)	who is Responsible	the physician wed by action  Expected (	and/or care tea	m. May include concerns ab oservations, the current state
Declaration  We (the physician ar received a written co	Action  Action  nd patient/patient opy of it. A similar	agent)	who is Responsible	the physician wed by action  Expected (	and/or care tea	Result  Result  tient/patient agent has r physician in the past



