# Care Plan Documentation & Follow-Up Plan

Name:       Gender: ☐ Male

DOB (dd/mm/yyyy):     ☐ Female

PHN:

**Todays Date:** ☐☐ / ☐☐ / ☐☐☐☐
D D   M M   Y Y Y Y

| Summary of Key Health Concerns (Identified in Diagnosis) | Patient Goals & Values |
|---|---|
| _____ _____ _____ | _____ _____ _____ |

## Building a Care Plan Overtime

| Treatment Type — Use the hieracrchy of treatments to help with chosing Core & Adjunct Treatments. | Treatment Description — Provide specific details for selected treatment. | SMART Goals — Attach SMART goal(s) to the selected treatment(s). *Scan QR code for further information* | Follow-Up Plan |||
|---|---|---|---|---|
| | | | **Is there a need for follow-up?** | **If needed, who will schedule follow-up appointment?** |
| ☐ **Core** <br> ☐ **Adjunct** <br> **Date Added (dd/mm/yyyy)** | | | ☐ **Yes** <br><br> ☐ **No** | ☐ **Clinician** <br><br> ☐ **Individual** |
| ☐ **Core** <br> ☐ **Adjunct** <br> **Date Added (dd/mm/yyyy)** | | | ☐ **Yes** <br><br> ☐ **No** | ☐ **Clinician** <br><br> ☐ **Individual** |
| ☐ **Core** <br> ☐ **Adjunct** <br> **Date Added (dd/mm/yyyy)** | | | ☐ **Yes** <br><br> ☐ **No** | ☐ **Clinician** <br><br> ☐ **Individual** |

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| Treatment Type | Treatment Description | SMART Goals | Follow-Up Plan | |
|---|---|---|---|---|
| ☐ Core<br>☐ Adjunct<br><br>**Date Added (dd/mm/yyyy)** | | | ☐ Yes<br><br>☐ No | ☐ Clinician<br><br>☐ Individual |
| ☐ Core<br>☐ Adjunct<br><br>**Date Added (dd/mm/yyyy)** | | | ☐ Yes<br><br>☐ No | ☐ Clinician<br><br>☐ Individual |
| ☐ Core<br>☐ Adjunct<br><br>**Date Added (dd/mm/yyyy)** | | | ☐ Yes<br><br>☐ No | ☐ Clinician<br><br>☐ Individual |
| ☐ Core<br>☐ Adjunct<br><br>**Date Added (dd/mm/yyyy)** | | | ☐ Yes<br><br>☐ No | ☐ Clinician<br><br>☐ Individual |

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