

Patient Care Plan

Patient Name _____
 Date _____

At your appointment, today you and your healthcare team discussed your _____ and made a plan for what to do next. These are notes on what you did and decided.

Self-Management Care/Goals

Action Plan

Treatment goals are made to improve day-to-day function in areas that have been identified as impaired.

Goals: **Something you WANT to do:** _____

Describe

How: _____

Where: _____

What: _____ Frequency: _____

When: _____

Barriers: _____

Plans to overcome barriers: _____

Self-management

We discussed changes you and your child can make that will help manage your child's reach their goals.

How **important** are these changes to you? (1-10): _____

How **confident** are you that you can make these changes? (1-10): _____

Self-management Tool _____

Next Follow-Up: _____

Patient referred to: _____

Medication Management

Medication goal set with provider:

- Begin a medication. See provider within 2 weeks (face-to-face visit). Date for visit: _____
- Continue a medication. See provider every 3 months.

Medication Info provided: (new meds, potential side effects, drug interactions, instructions, and the consequences of not taking it.)

Patient understands information about medications
 Any difficulty taking medication? No Yes

Patient taking a medication as prescribed? Yes No

If No, Reason why: _____

Ongoing visits

Use the spaces below to indicate changes since your last visit.

Treatment goals reviewed and updated: ____/____/____

Improvement rating: Since your last visit, has your child shown any improvement in functioning at school or at home?

	None	Mild	Moderate	Significant
Home				
School				

Self-management progress: What aspects of self-management has you improved on since your last visit?

- Taking medications
- Counseling
- Improving nutrition
- Exercising
- Spirituality
- Hobbies and fun activities
- Support from family and friends
- Other: _____

Patient education

Date you received each resource:

Title _____ : / /

Title _____ : / /

Title _____ : / /

Patient education resources or referrals

• Specialist referral (date, name, phone) _____

Online resources

• _____

• _____

• _____