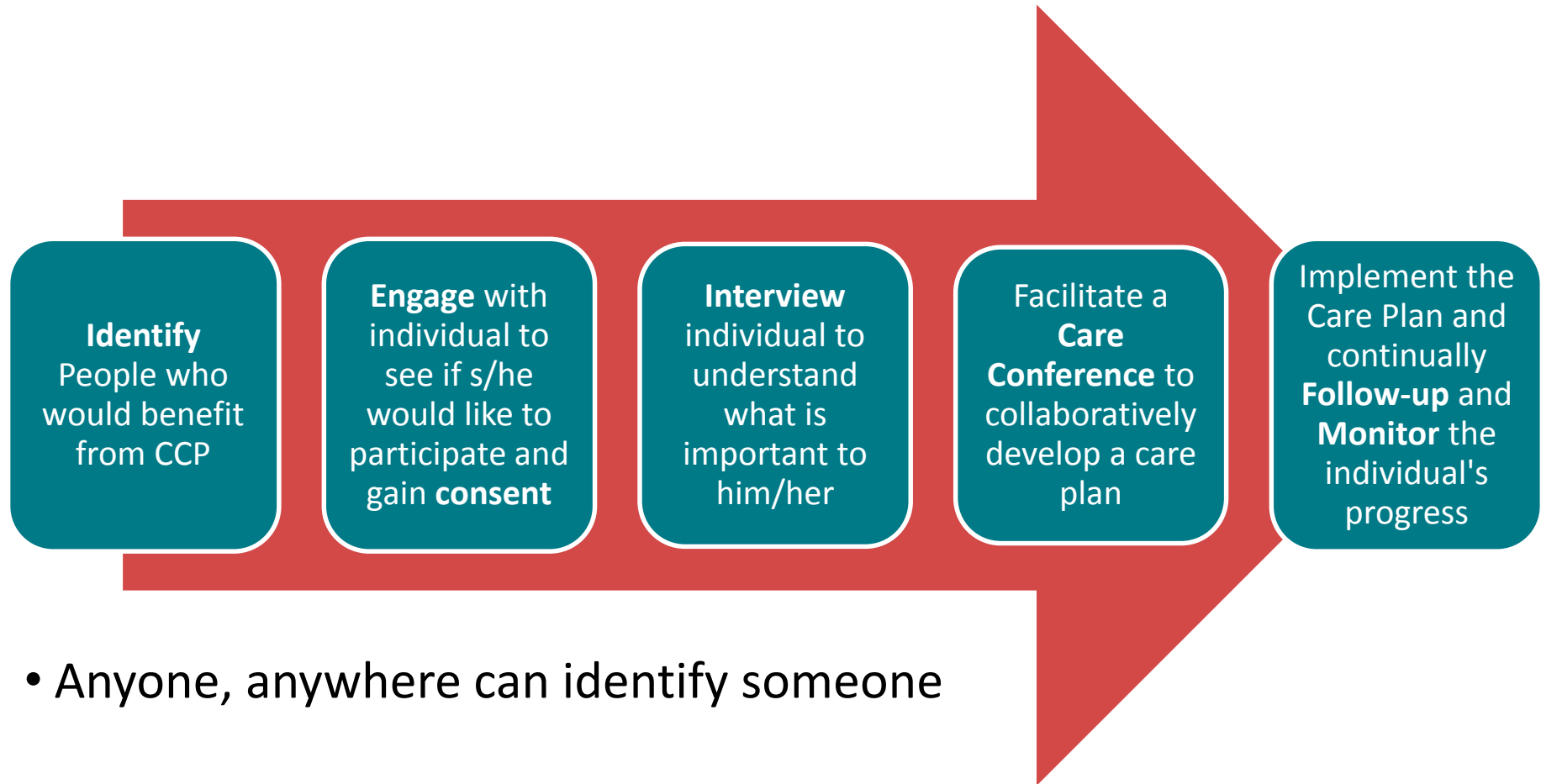




CURRENT PROCESS

Coordinated Care Planning Process



Introduction to Coordinated Care Plan

Standard Sections:

- My Identifiers
- What is Most Important to Me and My Concerns
- My Care Team
- Health Care Consent and Advance Care Planning
- My Health
- More About Me
- My Goals and Action Plan
- My Medication Coordination

HealthLink

v2

[Insert Name]'s Coordinated Care Plan

Last updated by:

Last updated date: YYYY-MM-DD

Note: This template must be completed in conjunction with the Coordinated Care Plan user guide.

My Identifiers		
Given name:	Preferred name:	Surname:
Date of birth: YYYY-MM-DD	Gender:	Preferred pronoun:
Address:		
City:	Province:	Postal code:
Telephone number:	Alternate telephone number:	
Health card number:	Issued by:	Ancestry/culture:
Identify as First Nation, Métis, or Inuit?	If "yes," specify which nation:	
Preferred language:	Communication accommodations:	

What's Most Important To Me and My Concerns
What is most important to me right now:
What concerns me most about my health care right now:

My Care Team (include active family/caregivers, providers)					
Coordinating lead (notify if patient is hospitalized)		Name:	Phone number:		
Name of team member	Role	Organization	Contact information		Share coordinated care plan
			Primary number	Secondary number	

Health Care Consent and Advance Care Planning				
Note: Ensure that you've obtained all necessary consents to treatment from the patient or the SDM as required by law.				
My health substitute decision maker(s) (SDM) is/are				
Name	Relationship	Type of SDM	Contact information	
			Primary phone number	Secondary phone number
I have shared my wishes, values, and beliefs with my future SDM as they relate to my future health care:				

Introduction to Coordinated Care Plan

Appendices (Optional)

- My Medication List
- My Health Assessments
- Palliative Approach to Care

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[Insert Name]'s Coordinated Care Plan

Last updated by:

Last updated date: YYYY-MMM-DD

Appendix 4

Palliative Approach to Care		
The person most responsible for my palliative care is:		
Physical support plan (pain management, shortness of breath, constipation, nausea and vomiting, fatigue, appetite, drowsiness)		
Symptoms	Treatments	Comments
Psychological support plan (emotion, anxiety, depression, autonomy, fear, control, self-esteem)		
Symptoms	Treatments	Comments
Social support plan (relationships, family caregiver, volunteers, environment, financial, legal):		
Spiritual support plan (values, beliefs, practices, rituals):		
Preferred place of death:		
Grief and bereavement support:		
Other:		

Provider Video

- LINK TO BE INSERTED