

# Care Coordination Plan

For consumers with complex and/or multiple issues, to support a coordinated approach. It shows who is involved in a consumer's care, the main issues, agreed goals developed together, planned actions and who is responsible for each action.

## Consumer

Name:

Date of Birth: dd/mm/yyyy / /

Sex:

UR Number:

or affix label here

## Consumer Consent to Share Information

Before developing this plan, ensure consent to share information has been obtained using the 'Consumer Consent to Share Information' tool template.

## Reason for Plan.

## Participants in Care

List known persons currently contributing to the consumer's care, including the individual and the carer/advocate and the key worker /care plan coordinator/facilitator, (e.g. GP, health/community care providers, substitute decision maker, family members, volunteers or friends who provide assistance.) Append sheet to specify any additional persons.

Name	Role or area of support	Contact phone number/s	Other relevant contact details (e.g. agency, email)	Participant in planning process (yes/no)	Copy of plan provided (yes/no)
	Consumer				
	Carer				
	Key Worker				
	GP				

Care Coordination Plan

## Supporting Documentation

This may include social profile, assessments, service plans, support plans, GP plans, advance care plans, emergency management plans, screening or risk alerts. List appropriate documents and source or location.

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Issues/problems (list in order of priority)	Agreed goal (measurable)	Action/s to be taken & by whom	Target date
1	1.1		
	1.2		
2	2.1		
	2.2		
3	3.1		
	3.2		
4	4.1		
	4.2		

Care Coordination Plan

Plan developed: / / Target Review date: / / Case Conference:  Yes  No

Consumer understands and agrees to this plan:  Yes  No

Signature if applicable: \_\_\_\_\_ Date: / /

Append more sheets as necessary.

Produced by the Victorian Department of Human Services, 2009

This information collected by:

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Name:

Position/Agency:

Sign:

Date: dd/mm/yyyy / /

Contact number:

# Review of Care Coordination Plan

For use when the Care Coordination Plan is reviewed. It shows the outcomes/progress of agreed goals and planned actions

## Consumer

Name:

Date of Birth: dd/mm/yyyy / /

Sex:

UR Number:

or affix label here

Issue & Goal Reference (Refer to Care Coordination Plan):	Progress	Source of information

Review of Care Coordination Plan

## Supporting Documentation

Review date: / /

Case Conference:  Yes  No

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This information collected by:

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Name:

Position/Agency:

Sign:

Date: dd/mm/yyyy / /

Contact number: