

Service Coordination Plan

Records the individual care plans of all workers/practitioners or agencies involved in a consumer's care to allow a coordinated approach to service delivery.

<p>Consumer</p> <p>Name: _____</p> <p>Date of Birth: dd/mm/yyyy / /</p> <p>Sex: _____</p> <p>UR Number: _____</p> <p style="text-align: right;">or affix label here</p>
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Participants in Care Planning Process

Consumer: Yes No

I (consumer name) _____ have participated in the development of this plan.

Consumer signature: _____ Date: dd/mm/yyyy / /

Copy to consumer? Yes No

Details of Other Participants

Team members contributing to the development of this plan e.g. GP, health/community care providers, substitute decision maker, carer, family members, friends. Append sheet to specify any additional persons.

Name	Relationship to consumer	Contact phone number	Other relevant contact details	Copy of plan provided (yes/no)
	Key Worker			

Service Coordination Plan

Supporting Documentation

Document	Attached? Yes/No	Any relevant comments
Consumer details (CI template)		
Referral Information (e.g. S&R template, letters etc.)		
Needs Identification (e.g. screening or profiles)		
Individual Agency Assessments (full or summary)		
Individual Plans (Agency or Service Plans)		
Other (specify):		

Review date: dd/mm/yyyy / / Case Conference: No Yes

This information collected by:		SCP Page 1 of 2
Name: _____	Position/Agency: _____	
Sign: _____	Date: dd/mm/yyyy / /	Contact number: _____

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Consumer

Name:

Date of Birth: dd/mm/yyyy / /

Sex:

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or affix label here

Consumer issue/problem:		
Goal:	Target date: dd/mm/yyyy / /	
Action/s to be taken:		
Responsible individual/s or service/s:		
Proposed start date: dd/mm/yyyy / /	Review date: dd/mm/yyyy / /	Issue resolved (date): dd/mm/yyyy / /

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Proposed start date: dd/mm/yyyy / /	Review date: dd/mm/yyyy / /	Issue resolved (date): dd/mm/yyyy / /

Append more sheets as necessary.