Coordinated Care Plan Update Template

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| --- | --- |
| Send this document via secure fax to the individual’s Health Link Lead Care Coordinator | |
| Lead Care Coordinator Name: Click here to enter text. | Agency: Click here to enter text. |
| Fax number: Click here to enter text. | Phone number: Click here to enter text. |
| Date: Click here to enter a date. | |

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| --- | --- | --- | --- |
| Completed by: | | | |
| Organization: | | | |
| Name: |  | Date (DD/MM/YYYY): |  |
| Phone #: |  | Fax #: |  |

|  |  |
| --- | --- |
| Patient Identifiers | |
| NE LHIN CHRIS Client Number: |  |
| First Name (Preferred Name): | Surname: |
| Date of Birth (DD/MM/YYYY): |  |

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| --- | --- | --- |
|  | Update specified CCP domain(s) (other than to “My Care Team”) | |
| **CCP Domain** | **Update** |
| My Identifiers |  |
| What’s Most Important To Me & My Concerns |  |
| My Care Team |  |
| Health Care consent & Advance Care Planning |  |
| My Health |  |
| More About Me |  |
| My Goals & Action Plan |  |
| My Medication Coordination |  |
| My Allergies |  |
| Appendix 1 – My Medication List |  |
| Appendix 2 – My Health Assessments |  |
| Appendix 3 – My Most Recent Hospital Visit |  |
| Appendix 4 – Palliative Approach to Care |  |

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|  | Add or remove care team member | |
| **Organization** | **Action** |
|  | **Add**  **Remove** |
|  | **Add**  **Remove** |
|  | **Add**  **Remove** |
|  | **Add**  **Remove** |
|  | **Add**  **Remove** |

|  |  |
| --- | --- |
|  | Add or remove consent directive/restriction as described below |
|  |

|  |  |
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|  | Other updates as described below |
|  |

**Documented consent**

This individual has provided consent to the collection, sharing, and storage of this update with the following:

Their care team members (as identified on their Coordinated Care Plan)

North East LHIN – Home and Community Care

Health Sciences North

Canadian Mental Health Association-Sudbury/Manitoulin

I confirm that I have received consent to share this update.