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 #: |       |

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| 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.