

Coordinated Care Plan Update Template

|  |
| --- |
| Send this document via secure fax to the individual’s 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. |

|  |
| --- |
| Individual identifiers  |
| NELHIN – Home and Community Care CHRIS Client number: Click here to enter text. |
| Given name: Click here to enter text. | Preferred name: Click here to enter text. | Surname: Click here to enter text. |
| Date of birth (dd/mm/yyyy): Click here to enter text. | Address: Click here to enter text. | City: Click here to enter text. |

**Coordinated Care Plan Updates**

Changes have been made to the following CCP domains (check all that apply). Please provide details of the update in the space provided.

|  |  |  |
| --- | --- | --- |
|  | CCP domain | Required update |
|[ ]  My identifiers | Click here to enter text. |
|[ ]  My care team | Click here to enter text. |
|[ ]  My health conditions | Click here to enter text. |
|[ ]  My situation and lifestyle | Click here to enter text. |
|[ ]  My assessed health needs | Click here to enter text. |
|[ ]  My most recent hospital visits | Click here to enter text. |
|[ ]  My current supports and services | Click here to enter text. |
|[ ]  My known, current medications | Click here to enter text. |
|[ ]  My other treatments | Click here to enter text. |
|[ ]  My daily routines | Click here to enter text. |
|[ ]  My appointments and referrals | Click here to enter text. |
|[ ]  My plan to achieve my goals for care | Click here to enter text. |
|[ ]  My plan for future situations | Click here to enter text. |

|  |
| --- |
| Other relevant information |
| Click here to enter text. |

**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.

|  |
| --- |
| Submitted by (Name):Click here to enter text. |
| Agency:Click here to enter text. | Phone/email:Click here to enter text. |
| Signature: |

|  |
| --- |
| ***FOR USE BY LEAD CARE COORDINATOR ONLY*** Care team member notification sent to (\* a fax copy of updated CCP is sent to members without HPG access to CCP) |
| Care Team member Agency | Team member name | Fax number | Copy of CCP attached \* |
|[ ]   |  |  | Yes [ ]  No [ ]  |
|[ ]   |  |  | Yes [ ]  No [ ]  |
|[ ]   |  |  | Yes [ ]  No [ ]  |
|[ ]   |  |  | Yes [ ]  No [ ]  |
|[ ]   |  |  | Yes [ ]  No [ ]  |
|[ ]   |  |  | Yes [ ]  No [ ]  |
|[ ]   |  |  | Yes [ ]  No [ ]  |
|[ ]   |  |  | Yes [ ]  No [ ]  |
|[ ]   |  |  | Yes [ ]  No [ ]  |
|[ ]   |  |  | Yes [ ]  No [ ]  |
|[ ]   |  |  | Yes [ ]  No [ ]  |
|[ ]   |  |  | Yes [ ]  No [ ]  |