

## Goal Directed Care Planning Template

Name: \_\_\_\_\_  
 People Involved: \_\_\_\_\_

Date Care Plan Developed: \_\_\_\_\_  
 Date for Review: \_\_\_\_\_

**WHAT DO YOU WANT TO ACHIEVE BY WORKING TOGETHER?**

\_\_\_\_\_

CURRENT SITUATION	GOAL	ACTIONS	PERSON RESPONSIBLE	TIMEFRAME	COMPLETED	OUTCOMES

<b>Care plan provided to:</b>		Client	Yes / No
Family / Carer	Yes / No	Name/s:	Client Consent: Yes / No
Other Staff:	Yes / No	Name/s:	Client Consent: Yes / No
Other Services:	Yes / No	Name/s:	Client Consent: Yes / No

**Client Acknowledgement:** I understand and agree to this care plan    Client: \_\_\_\_\_ and/or Carer: \_\_\_\_\_

