

Goal Directed Care Planning Template - Option 2

Name: _____

Date care plan developed: _____

People involved: _____

This care plan provides a summary of how we will work together to support you achieve your goals. As we continue working together, we will use your care plan to track our progress and review whether we are meeting your needs.

If you have any questions or require more information about this care plan, please contact:	
Name and Role:	
Organisation:	
Contact Number:	

Current Situation

What's Important to you

Client Acknowledgement:	
I have been involved in developing this care plan and agree that it provides a summary of how we will work together.	
Client Signature :	and/or Carer Signature:
Date for review:	

A copy of this care plan has been provided to:	Client	Yes / No
Family / Carer	Name/s:	Client Consent: Yes / No
Other Staff	Name/s:	Client Consent: Yes / No
Other Services	Name/s:	Client Consent: Yes / No

WHAT DO YOU WANT TO ACHIEVE BY WORKING TOGETHER?

GOAL/S	ACTIONS	PERSON RESPONSIBLE	TIMEFRAME	COMPLETED

