Goal Directed Care Planning Template - Option 2

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| 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.

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

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| --- |
| Current Situation |
|  |
| What’s Important to you |
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| **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: |  |

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| **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 |

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| --- | --- | --- | --- | --- |
| WHAT DO YOU WANT TO ACHIEVE BY WORKING TOGETHER? | | | | |
| **GOAL/S** | **ACTIONS** | **PERSON RESPONSIBLE** | **TIMEFRAME** | **COMPLETED** |
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