

Registrant's Name: _____

PERSON CENTERED PLAN OF CARE

Med. Rec. #: _____

Date			Active Problem/ Concern/Need	Measurable Goal	Intervention/Approach	E.D.A. 4 (timetable)	
Init	Rev	Resolve				Ongoing	Date
	-----		<input type="checkbox"/> Potential	I want to be integrated in to the community and beyond. I would like to be involved in my community. I want to go on community trips. I want to be free to engage in activities outside of the ADHC.	<input checked="" type="checkbox"/> Assess registrant to identify interest trips, outing and community events		
	-----		<input checked="" type="checkbox"/> actual	Stimulating	<input checked="" type="checkbox"/> provide activity calendar to language of registrant		
	-----		<input checked="" type="checkbox"/> activities participation	<input checked="" type="checkbox"/> cognitive <input type="checkbox"/> mobility	<input checked="" type="checkbox"/> provide registrant with community events available within the local community.		
	-----		<input checked="" type="checkbox"/> socialization	<input checked="" type="checkbox"/> personal interest	<input checked="" type="checkbox"/> Staff will assist registrant with researching community events and interest.		
	-----			<input type="checkbox"/> cultural <input type="checkbox"/> sensory <input checked="" type="checkbox"/> outdoor activities of interest	<input checked="" type="checkbox"/> Staff will provide registrant with opportunities for community trips and outings.		
	-----		I have decrease in: <input checked="" type="checkbox"/> memory <input type="checkbox"/> vision <input type="checkbox"/> hearing <input type="checkbox"/> mobility	<input checked="" type="checkbox"/> socialization	<input checked="" type="checkbox"/> Staff will coordinate transportation to community events and outings.		
	-----		<input type="checkbox"/> c/o depressed mood <input type="checkbox"/> c/o fatigue	<input type="checkbox"/> stress reduction	<input checked="" type="checkbox"/> Staff will encourage registrant to share suggestions for community outing		
	-----		<input checked="" type="checkbox"/> isolation <input checked="" type="checkbox"/> community involvement	<input checked="" type="checkbox"/> encourage participation in activity of interest	<input checked="" type="checkbox"/> monitor participation in activities		
	-----		R/T Dx				

	-----			X 6 months			

KEY:

- 1= Initial date on which problem i.d.
2= Reviewed and/or revised
3= Resolved
4= estimated date of Achievement (of goal)

To make changes in the existing care plan:

Enter date of review on next available line in Rev. column for problem being addressed than:

If a deletion: Parenthesize information being deleted or changed followed by the date.

and/or If a addition: Record the additional information, where applicable, followed by the date.

Community trips/outings # 10
11
12