

Comprehensive Care Plan Template

Date of Establishment _____ or Date of Revision _____

Patient Information	
Name	
Date of Birth	
PCP	
Date Care Plan initiated	

Problem list	
Chronic Care Problems	
Surgeries	
Tests/Procedures	

Current Medications (Scheduled/PRN/Complementary or Alternative Medications)		
Medication	Dose	Frequency

Preventive Care		
Flu Vaccine:	Cancer Screenings	AWV:
Pneumonia Vaccine:	Breast:	
Tetanus:	Colon:	

Psychosocial	
Psychological and Neuropsychological testing (i.e. assessment /PHQ-2):	
Work/activities participation:	
Household composition:	

Functional	
Reports needing assistance:	
Environment evaluation:	
Threats of Violence/Injury:	
Caregiver Assessment:	

Chronic Condition #1 - Goals and Interventions	
Chronic Condition #1:	
Prognosis:	
Symptom Management:	
Action Plan: Treatment Goals:	
Action Plan: Planned Interventions:	
Action Plan: Coordination of Care:	

Chronic Condition #2 - Goals and Interventions	
Chronic Condition #2:	
Prognosis:	
Symptom Management:	
Action Plan: Treatment Goals:	
Action Plan: Planned Interventions:	
Action Plan: Coordination of Care:	

Care Plan Reviewed with Patient ☐

Care Plan Shared with Patient ☐

Care Management Follow-up Activities	
Activity/Task description	Time Spent (in minutes)