

Care Coordination Program – Client Centred Short Term Goals

(to be left with client)

Title: <PtTitle>	Family Name: <PtSurname>	First Names:<PtFirstName>	Date of Birth <PtDoB>	Age: <PtAge>
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Identified concerns (including self-management)	What I want to achieve? (management goals)	Steps to get there/Actions	Who is responsible?	Timeframe /Review date	Progress towards this goal

Care Coordination Program – Client Centred Short Term Goals client)

(to be left with

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Client Self Management (Symptoms)

SYMPTOM ACTION PLAN

Date completed: __/__/__

Date to be reviewed: __/__/__

Refer to the disease specific Action Plans in tool kit and attach copies

Care Coordinator Tasks:

Free text box

Client Signature: _____ Date: _____

Care Coordinator name: <UsrName> Contact details: <UsrPhone> Date: <TodaysDate>