

Complex Care Plan Template

Initial Planning Date: _____

Patient Name: _____

Condition #1: _____ **Condition #2:** _____

Dual Diagnostic Code: _____

Patient Values/Goals: _____

Plan for Management of Co-Morbid Conditions:

Linkage with other Health Care Professionals:

Discussed with AHP: _____

Expected Outcomes:

Time frame for Re-Evaluation: _____

Discussed with: Patient _____ **Representative:** _____

Re-Evaluation Date: _____

Change(s) to Plan, if any:

Discussed with: Patient _____ **Representative:** _____ **AHP:** _____

