LONG TERM CARE – INDIVIDUAL CARE PLAN

Date of Admission:
Reason for Admission

Other Medical Conditions

Conference Dates (Y-M-D)

Allergies: (*describe reaction(s)*)
☐ **Drug:**
☐ **Food:**
☐ **Latex**
☐ **Other:**

DATE ORDERED	TESTS/X-RAYS	DATE COMPLETED	DATE RESULTS RTR'D	INTERVENTIONS	DATE ORDERED	CONSULTS	DATE INITIATED

Key Contact:

Other Contacts:

Medical Substitute Decision Maker:

Ph #

Financial Power of Attorney:

Advanced Directives:

Hospitalization: *(dates)*

Approval to alter clothing: ☐ No ☐ Yes, given by:

Glasses marked: **Dentures marked:**

Hearing Aid Serial #:

Pneumovax: *(date)*

Influenza Immunization: *(dates)*

MDS Assessments Admission assessment: / /

Quarterly	Quarterly	Quarterly	Annual
/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /

Rewritten Date: ID

LONG TERM GOALS

INITIATOR	DESIRED OUTCOME	REVIEW DATE / ID	INITIATED DATE / ID	INTERVENTIONS	DATE DISC / ID
PERSONAL HYGIENE					

Rewritten:
Date: ID

LONG TERM CARE – INDIVIDUAL CARE PLAN

	INITIATOR	DESIRED OUTCOME	REVIEW DATE / ID	INITIATED DATE / ID	INTERVENTIONS	DATE DISC / ID
ELIMINATION						
NUTRITION						

Rewritten
Date: ID

	INITIATOR	DESIRED OUTCOME	REVIEW DATE / ID	INITIATED DATE / ID	INTERVENTIONS	DATE DISC / ID
MOBILITY						

Rewritten
Date: ID

Long Term Care – Individual Care Plan

	Initiator	Desired Outcome	Review Date / ID	Initiated Date / ID	Interventions	Date disc / ID
Observations and Measurements						
Medications						

Rewritten
Date: ID

Treatments and Procedures	Initiator	Desired Outcome	Review Date / ID	Initiated Date / ID	Interventions	Date Disc / ID

Rewritten
Date: ID

LONG TERM CARE – INDIVIDUAL CARE PLAN

	INITIATOR	DESIRED OUTCOME	REVIEW DATE / ID	INITIATED DATE / ID	INTERVENTIONS	DATE DISC / ID
TEACHING						
SAFETY						

Rewritten
Date: ID

	INITIATOR	DESIRED OUTCOME	REVIEW DATE / ID	INITIATED DATE / ID	INTERVENTIONS	DATE DISC / ID
PSYCHOSOCIAL						

Rewritten Date: ID