

INDIVIDUAL CARE PLAN

Admitting diagnosis
Confirmed diagnosis
<div style="width: 80%; height: 40px; vertical-align: top;">Other Medical Conditions</div> <div style="width: 15%; height: 40px; vertical-align: top;">Age</div>

Surgery/Confinement <i>(type, date)</i>	Allergies: <i>(describe reaction(s))</i>
<div style="width: 50%; height: 40px; vertical-align: top;">Family physician:</div> <div style="width: 50%; height: 40px; vertical-align: top;">Attending physician:</div>	<input type="checkbox"/> Drug: <input type="checkbox"/> Food: <input type="checkbox"/> Latex: <input type="checkbox"/> Environment: <input type="checkbox"/> See Facility-specific Allergy/Intolerance record

Ordered Date	TESTS/X-RAYS	Completed Date <small>/</small> ID	Results Returned Date	INTERVENTIONS	Ordered Date	CONSULTS	Initiated Date
					Ordered Date	DISCHARGE PLANNING	Initiated Date

MISCELLANEOUS INFORMATION	
Key Contact::	Relationship:
Phone (H) (W)	(C)
Other:	Advance Care Plan (Health Directives): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> On file Location
	Immunization <i>(date)</i>
	Influenza:
	Pneumovax:
Legal Medical Substitute Decision Maker:	Treated for AROs <i>(date)</i>
<input type="checkbox"/> Proxy <input type="checkbox"/> Personal Guardian <input type="checkbox"/> Nearest relative	VRE:
Phone (H) (W)	MRSA:
Financial Power of Attorney: <i>(include ph#)</i>	Other:
Rewritten Date:	

INITIATOR		DESIRED OUTCOME	Review Date / ID	Initiated Date / ID	INTERVENTIONS	disc Date / ID
PS						
SAFETY						
TEACHING						
TX AND PRO						
MEDS						
OBS AND MEAS						
MOBILITY						
NUTRITION						
ELIMINATION						
PERSONAL HYGIENE						

Rewritten date: