

# INDIVIDUAL CARE PLAN

Admitting diagnosis			Confirmed diagnosis				
Other Medical Conditions			Age				
Surgery/Confinement <i>(type, date)</i>			Allergies: <i>(describe reaction(s))</i> <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				
Family physician:		Attending physician:					
ORDERED DATE	TESTS/X-RAYS	COMPLETED DATE ID	RESULTS RETURNED DATE	INTERVENTIONS	ORDERED DATE	CONSULTS	INITIATED DATE
MISCELLANEOUS INFORMATION							
Key Contact:		Relationship:		Advance Care Plan (Health Directives): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Phone: (H)                          (W)		(C)		<input type="checkbox"/> On file   Location:			
Other:				<b>Immunizations</b> <i>(date)</i>			
Legal Medical Substitute Decision Maker: <input type="checkbox"/> Proxy <input type="checkbox"/> Personal Guardian <input type="checkbox"/> Nearest relative				Influenza:			
				Pneumovax:			
Phone: (H)                          (W)				<b>Treated for AROs</b> <i>(date)</i>			
				VRE:			
Financial Power of Attorney: <i>(include ph#)</i>				MRSA:			
				Other:			
Rewritten date:							

# DIAGNOSTIC PROCEDURE PROFILE

ORDERED DATE	TESTS/X-RAYS	COMPLETED DATE ID	RESULTS RETURNED DATE	INTERVENTIONS	ORDERED DATE	CONSULTS	INITIATED DATE

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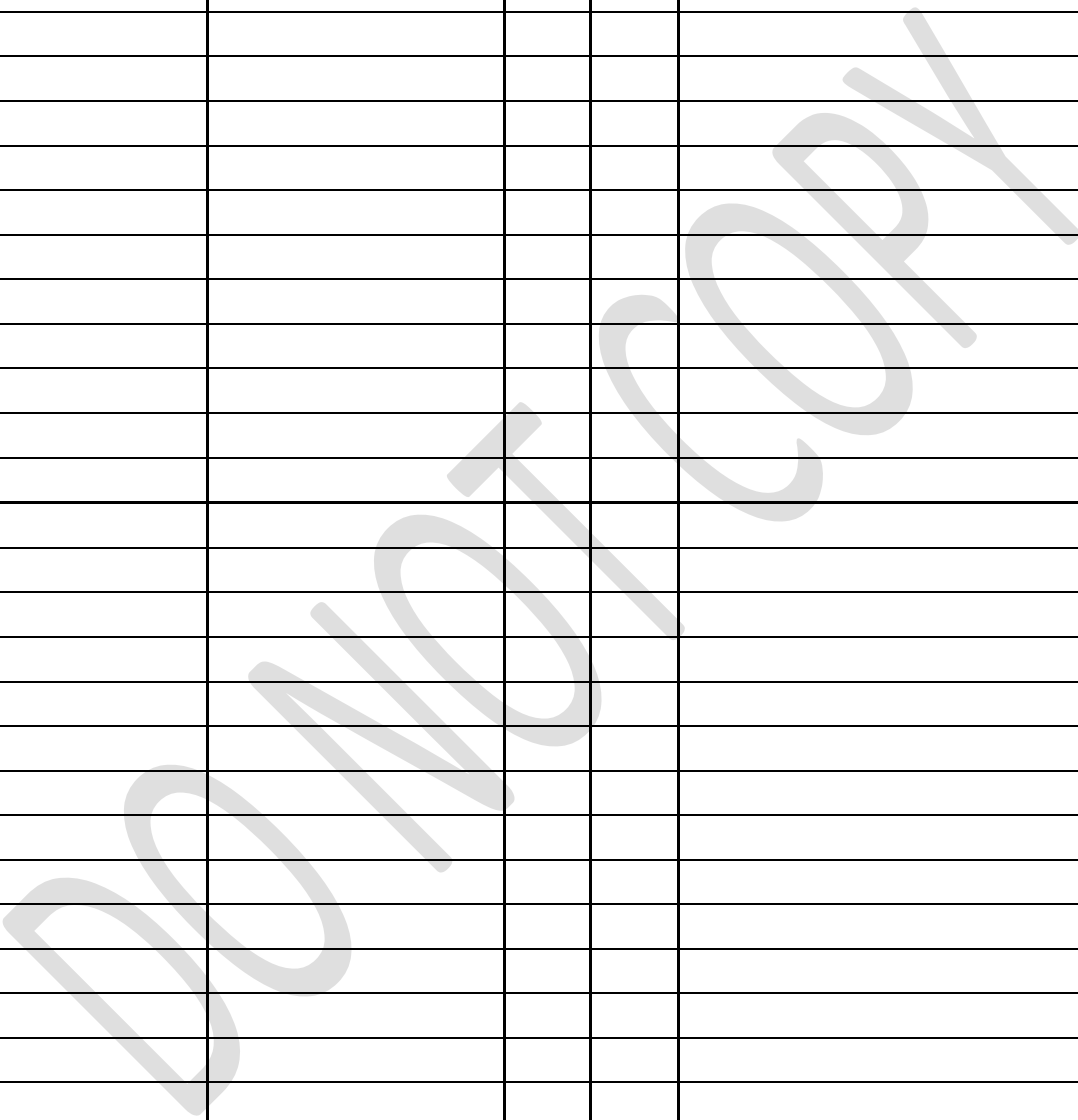
# INDIVIDUAL CARE PLAN

INITIATOR		DESIRED OUTCOME	REVIEW DATE ID	INITIATED DATE ID	INTERVENTIONS	DISC DATE ID
PERSONAL HYGIENE						
ELIMINATION						
NUTRITION						
Rewritten Date:						

	INITIATOR	DESIRED OUTCOME	REVIEW	INITIATED	INTERVENTIONS	DISC
			DATE	DATE		DATE
			ID	ID		ID
NUTRITION (cont)						
MOBILITY						
OBSERVATIONS AND MEASUREMENTS						
Rewritten Date:						

# INDIVIDUAL CARE PLAN

	INITIATOR	DESIRED OUTCOME	REVIEW	INITIATED	INTERVENTIONS	DISC	
			DATE	DATE		DATE	
			ID	ID		ID	
<b>MEDICATIONS</b>							
<b>TREATMENT AND PROCEDURES</b>							
	<b>Rewritten Date:</b>						



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

Rewritten Date: