Patient Name:
PHN:
DOB:
Primary Care provider: Contact #:
Emergency Contact: Contact #:
This document was last updated on:

Your Shared Care Plan

A care plan is a collection of health information that provides a picture of a person's health at any given point in time. This document (called a Shared care plan) is useful when you have several people involved in your care or you have ongoing health conditions. It helps keep everyone on the 'same page' about what matters to you. It also helps keep track of what you and your healthcare team have planned or are working on to support you. Individual questions or sections may be left blank depending on your circumstances or they may not be required.

Medical Summary

What are your current health conditions and how are you managing them? Do you have questions about your health, medications and treatments? Your Current Health Conditions

What is Worrying You Right Now?

What are your biggest fears and worries about your health now and in the future? How do your health conditions affect you, your daily life and the things that are important to you (e.g. symptom management, medication cost, personal and work obligations, transportation)?

Do you have any wishes, preferences or personal goals for your care? Have you made any key decisions about your health?

What do we need to know about you to help us give you the best possible care and advice? What is important for your care providers to know about you when considering treatment options? Are there some very important things you WANT TO HAPPEN or DO NOT WANT TO HAPPEN if your health situation worsens?

Who is in Your Health Care Team

Who are the people that help you and what do they help you with? This helps the different team members know who is doing what and how to contact each other for further information about you.

Team member/ Discipline	Contact Number

Your Current Prescribed Medications/ Including Over the Counter Medications (i.e. Tylenol/ Advil)

Medication	Dosage and Frequency
Comments or special instructions:	

Your Vaccinations

Are you up to date with your vaccinations?

Vaccination	Date

Your Allergies and Intolerances – No Known Allergies ☐

Your records show that the following are your allergies and intolerances. Is there anything that should be added?

Allergy	Reaction / Severity

Your Significant Personal Medical Events

Your records show the following history of medical events. Is there anything that should be added? (Include surgeries, hospitalizations or emergency visits in the last 2 years).

Medical Event	Date

Your Significant Family Medical History

Your primary care provider has collected this family history. Is there anything that should be added?

Condition(s)	Relation

Your Social History

This section records other areas of your life that may affect how you manage your health, such as your finances, living situation, and if you have anyone supporting you. Is there anything in those areas that are affecting how you manage your health?

Financial:

Living Situation:
Support System:
Care Giving:
Home Supports:
Comments:

Your Self Care Plan

What can you do to reach your hopes, needs, wants and manage your symptoms?

e.g. I will work on monitoring and managing my symptoms. I will do this by checking my blood sugar every morning before breakfast. I will write down my result in my logbook so I can work towards my hemoglobin A1C coming down and be able to go to my daughter's wedding.

Is there anything you think that might get in your way? How could you work around these things?

e.g. I will need to set a regular reminder on my cell phone to remember to check my blood sugar each morning before breakfast and I will put my logbook beside my glucometer, so I remember to write my numbers down.

Your Healthcare Team's Plan

e.g. helping to control your symptoms, preparing you for dialysis, referring you to a dietician, revisiting your care plan.

Your Advance Care Planning

Have you thought about, talked with family and friends, or written down wishes for your health care in the event that you are not able to consent or refuse treatment or other care? Would you like to have help to do this? Yes ☐ No ☐

I have a personal care directive Yes ☐ No ☐ **Contact:**	I have a Power of Attorney Yes ☐ No ☐
Do you have your goals of care documented? Yes ☐ No ☐ What is your designation?	

Is there a guardianship order in place? Not Applicable ☐ Yes ☐ No ☐ Effective Date: **Who is the guardian?**
Do you wish to donate your organs if possible? Yes ☐ No ☐
Comments: *Are there important decisions you have made during advance care planning?*

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Declaration

We (the physician and patient/agent) have discussed this care plan and the patient/guardian has received a written copy of it. A similar document has not been completed with another physician in the past twelve months.

I am aware that this care plan will be kept by my primary care provider and a copy will be shared to my Alberta Netcare record to support my care in the Alberta health system.

_____	_____	_____
Date (yyyy/mm/dd)	Patient and/or Guardian Name	Patient or Guardian Signature
_____	_____	_____
Date (yyyy/mm/dd)	Physician Name	Physician Signature (electronic signature)