

WORKSHEET

Comprehensive Care Plan

PROCEDURE DETAILS	
NAME	TYPE OF PROCEDURE(S)
DATE OF BIRTH	SURGEON
POA <i>Health</i> <i>Finance</i>	HOSPITAL <i>Ph#/Address</i> <i>Length of Stay</i>
INSURANCE	REHAB LOCATION
CO-PAY	REHAB DATES
ADVANCE DIRECTIVES <input type="checkbox"/> POA for health <input type="checkbox"/> POA for finance <input type="checkbox"/> Living Will <input type="checkbox"/> Other	POST SURGERY MEDICATIONS <i>Pain</i> <i>Antibiotic</i>
HOME HEALTH	FOLLOW-UP APPOINTMENT
OTHER SERVICES	EXPECTED RETURN TO NORMAL ACTIVITY



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MEDICAL

ALLERGIES

MEDICAL HISTORY

MEDICATION LIST

SUPPLIES / MATERIALS

MEDICAL

- Wheelchair
- Cane
- Commode
- Urinal
- Incontinence Products
- Other:

FOOD

Grocery List:

MISCELLANEOUS



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STEP 1 - IDENTIFY NEEDS

	ADVOCACY	EQUIPMENT	TRANSPORT	HOUSE-KEEPING	PET CARE	PERSONAL CARE	MEDICATION
PRE-PROCEDURE							
DAY OF PROCEDURE							
POST-PROCEDURE							
WEEK 1							
WEEK 2							
WEEK 3							
ONGOING							

	COMMUNICATION	MONITOR HEALTH	GROCERIES/ MEAL PREP	WOUND CARE	COMPANY	OTHER
PRE-PROCEDURE						
DAY OF PROCEDURE						
POST-PROCEDURE						
WEEK 1						
WEEK 2						
WEEK 3						
ONGOING						



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STEP 2 - CONFIRM CARE TEAM MEMBERS

NAME	CONTACT INFO	TIMES AVAILABLE	TASKS WILLING TO HELP WITH	CONFIRMED SCHEDULE



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CARE CALENDAR #2				
	APPOINTMENTS	SHIFT	WHO	OTHER NOTES
MON				
TUES				
WED				
THURS				
FRI				
SAT				
SUN				
MON				
TUES				
WED				
THURS				
FRI				
SAT				
SUN				



WORKSHEET

Simplified Care Plan

PROCEDURE DETAILS

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HOME HEALTH	FOLLOW-UP APPOINTMENT
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MEDICAL

ALLERGIES
MEDICAL HISTORY
MEDICATION LIST



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Simplified Care Plan

CONSIDERATIONS

Remember to keep in mind the various tasks you may require support to complete safely. Think about including transportation, meal preparation, medication pick-up and reminders, personal care tasks, pet care, companionship and other areas outlined in the guide.

WHAT DO I NEED?	WHEN	WHO (Name/contact information)	DETAILS
Pre-procedure			
Day of procedure			
Post-procedure			
Week 1			
Week 2			



