



Ministry of Health Services

SAMPLE CARE PLAN TEMPLATE

This Care Plan pertains to the Guideline:
Frailty in Older Adults – Early Identification and Management
www.BCGuidelines.ca

Guidelines & Protocols Advisory Committee



PATIENT PERSONAL HEALTH NUMBER

NAME OF PATIENT	TELEPHONE NUMBER	DATE
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NAME OF CAREGIVER	TELEPHONE NUMBER(S) DAY: _____ EVENING: _____
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NAME OF ALTERNATE DECISION MAKER	ROLE OR RESPONSIBILITY	TELEPHONE NUMBER
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NAME(S) OF SUPPORTING HEALTH CARE PROVIDER(S)	ROLE OR RESPONSIBILITY	TELEPHONE NUMBER
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1. _____		
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2. _____		
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3. _____		
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MEDICATION REVIEW COMPLETED? <input type="checkbox"/> NO <input type="checkbox"/> YES, DATE: <table border="1"><tr><td>YY</td><td>MM</td><td>DD</td></tr></table>	YY	MM	DD	ADVANCE CARE PLANNING DISCUSSION HELD? <input type="checkbox"/> NO <input type="checkbox"/> YES. MOST RECENT DISCUSSION DATE: <table border="1"><tr><td>YY</td><td>MM</td><td>DD</td></tr></table>	YY	MM	DD
YY	MM	DD					
YY	MM	DD					

"NO CPR" ORDER SIGNED? <input type="checkbox"/> NO <input type="checkbox"/> YES, DATE: <table border="1"><tr><td>YY</td><td>MM</td><td>DD</td></tr></table>	YY	MM	DD	ADDITIONAL NOTES (IF ANY)
YY	MM	DD		

HEALTH CARE GOALS Prioritized based on patient preferences	STRATEGIES Include rererrals made	CAREGIVER RESPONSIBLE	EXPECTED OUTCOMES	STATUS

NEXT CARE PLAN REVIEW DATE →

YY	MM	DD
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