Flinders Care Plan Self-management page

(Adapted from Flinders Program TM Care Plan 2010)

Veteran Problem Statement	**How much of a problem is this for me?** 0 1 2 3 4 5 6 7 8 Not at all very little somewhat a fair bit a lot
Veteran Goal Statement	**My progress towards achieving this goal** 0 1 2 3 4 5 6 7 8 No success 25% 50% 75% complete success

Identified issues (including self-management)	What I want to achieve?	Steps to get there	Who is responsible?	Review date	Progress (e.g. none, some or completed)

I …… (Veteran) agree that the information contained within this Care Plan is correct and currently reflects my needs for the coming year. I consent to this information being released to my care team. Signature: _____Date: _____/_____/_____

I …… (GP) agree that the services prescribed within this Care Plan are correct at the time of development but are subject to review based on the patient/client's needs and / or my professional opinion as the responsible Medical Practitioner.

Signature: _____Date: ____/_____/_____ Provider No. [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Care Plan Review Date: ___/___/____

Patient friendly version supplied to veteran ☐

Care coordinator

MBS ITEMS: GP Management Plan - 721 ☐

Team Care Arrangements - 723 ☐

CVC UP01 ☐

CVC UP02 ☐