

## My Care Plan worksheet

You are encouraged to thoughtfully fill out this form and share it with your healthcare providers.

Patient name \_\_\_\_\_ Prepared by \_\_\_\_\_

Date \_\_\_\_\_ Present \_\_\_\_\_

**1. Medical Situation**

**4. Patient Community/Values**

**2. Patient/Family Issues**

**5. Cross Cultural Issues**

**3. Quality of Life**

First visit date \_\_\_\_\_

Goals \_\_\_\_\_  
\_\_\_\_\_

Plans to Support Goals \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Updated \_\_\_\_\_

Goals \_\_\_\_\_  
\_\_\_\_\_

Plans to Support Goals \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_