SUPPORT AT HOME / CARE PLAN

Client Care Plan

Current as at: ..... Version: ..... Status: .....

Type straight into this PDF: click any blank space, or print it and write by hand.

Personal Details

Client name	
Address	
Email	
Phone	
My Aged Care ID	
Support at Home classification	
Care partner	
Registered supporter	
Branch	
Date joined	
Date of birth	
Birth country	
Cultural and religious practices or preferences	
Care-relevant cultural practices	

Communications

Preferred contact method

Communication method

Languages spoken

Is an interpreter required?

Preferred contact person

Name, relationship to client, contact number

How the client makes decisions, and who they want involved

Advance care planning the client wants recorded

Referrals

General practitioner

Name, practice, phone

Next of kin

Name, relationship to client, phone

About the Client

What matters to them, their strengths and routines, how they like to be supported and what they want to keep doing, in their words.

About the client

Care Plan Service Summary

The agreed services and any approved assistive technology or home modifications, matching the service agreement and the individualised budget.

Agreed services

Service	Who delivers it	When and how often	Goal it supports

Assistive technology and home modifications

Item	What it is for	Cost

Allied Health Referral Recommendations

Referrals to consider and why, for your clinicians and the client to decide.

Recommended referral	Rationale

Clinical Risk and Vulnerability Profile Snapshot

The rating in each domain from the client's assessment, and the highest of them as the overall rating.

Overall risk rating
Low / Moderate / High

Social risk rating
Low / Moderate / High

Health / medical risk rating
Low / Moderate / High

Physical risk rating
Low / Moderate / High

Psychological risk rating
Low / Moderate / High

Complex / vulnerability risk rating
Low / Moderate / High

Social Needs

The client's social circumstances, supports and environment that affect their wellbeing, independence and ability to take part in their community.

Clinical Domain	Social
Rating *Low / Moderate / High*	

Description *What the assessments and the client tell you about this area, written for this client.*

Client Goals

Goal 1:

.....

Measure: .....

Review: .....

Goal 2:

.....

Measure: .....

Review: .....

Social Needs Intervention & Evaluation Strategy

Support actions:

Monitoring:

Escalation triggers:

Residence type	
Does the client have a gender or cultural preference for their support staff?	
Details of support staff preference	
Preferred days and times for visits	
Notes for culturally safe, trauma-aware and healing-informed care	

Health & Medical Needs

Health conditions, medicines and clinical factors that need monitoring, treatment or coordinated care.

Clinical Domain	Health & Medical
Rating *Low / Moderate / High*	

Description *What the assessments and the client tell you about this area, written for this client.*

Client Goals

Goal 1:

Measure:

Review:

Goal 2:

Measure:

Review:

Health & Medical Needs Intervention & Evaluation Strategy

Support actions:

Monitoring:

Escalation triggers:

Does the client take medication?

Yes / No

If so, how is medication managed

Current medication list

The medication list reflects what was recorded at the time of assessment and is for reference only. Workers must always check the current instructions, Webster pack or medication chart from the prescribing doctor, pharmacist or treating clinician before giving any medication-related support.

Does the client have a history of seizures?

Yes / No

If so, describe frequency, consequences and impact

Does the client have any allergies?

Yes / No

If so, how is the allergy managed

Physical Needs

Mobility, personal care and daily living: what the client does for themselves and where they need support.

Clinical Domain	Physical
Rating *Low / Moderate / High*	

Description *What the assessments and the client tell you about this area, written for this client.*

Client Goals

Goal 1:

Measure:

Review:

Goal 2:

Measure:

Review:

Physical Needs Intervention & Evaluation Strategy

Support actions:

Monitoring:

Escalation triggers:

Mobility aid

Use of vision aids

Use of hearing aids

Showering and grooming needs

Meal and drink needs

Toileting needs

Oral hygiene needs

Activities of daily living *What the client does for themselves, and where they need support.*

Psychological Needs

Mood, cognition, sleep, stress and anything else that affects the client's emotional wellbeing.

Clinical Domain	Psychological
Rating *Low / Moderate / High*	

Description *What the assessments and the client tell you about this area, written for this client.*

Client Goals

Goal 1:

_____

Measure: _____

Review: _____

Goal 2:

_____

Measure: _____

Review: _____

Psychological Needs Intervention & Evaluation Strategy

Support actions:

_____

Monitoring:

_____

Escalation triggers:

_____

Observed psychological risks

Complex & Vulnerability Needs

Needs that cut across domains or put the client at greater risk, such as living alone, carer strain, or complex medicines.

Clinical Domain	Complex & Vulnerability
Rating *Low / Moderate / High*	

Description *What the assessments and the client tell you about this area, written for this client.*

Client Goals

Goal 1: _____

Measure: _____

Review: _____

Goal 2: _____

Measure: _____

Review: _____

Complex & Vulnerability Needs Intervention & Evaluation Strategy

Support actions:

Monitoring:

Escalation triggers:

Medical alarm required?

Yes / No

Review and Consent

When the plan is reviewed, what brings the review forward, who has a copy, and the client's consent and acknowledgement.

Next Care Plan review *No more than 12 months away*	
Service agreement review	
Events that would bring the review forward	
Copy of this version given to *The client or their registered supporter*	
Date given	

Consent	**Client response** *Yes / No*
For the provider to contact you in the future about the quality of the services.	
To store your information on the provider's database.	
This service is funded by the Australian Government. The department uses data for policy development, program management and research purposes. Do you consent for your non-identifying information to be released to the department?	

Acknowledgement

Client or client representative	**Branch manager / clinician**
Signature	**Signature**
Method of acknowledgement if unable to sign	**Name**
Date signed or acknowledged	**Date signed**

SALUS Salus prepares draft Care Plans like this one from your client's records, for your team to review and approve. See how at salusone.com.au.