

Initial Care Plan

Revised Care Plan

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INDIVIDUALIZED CLIENT CARE PLAN

REV090129

Client Name: _____

14-Char Code: _____

Date: _____

PROBLEM		OBJECTIVE		
KEY ACTION STEPS		PERSON RESPONSIBLE	TARGET DATE	COMPLETION DATE
1.				
2.				
3.				
4.				
Outcome				
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KEY ACTION STEPS		PERSON RESPONSIBLE	TARGET DATE	COMPLETION DATE
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Health Case Manager Signature/Name

Client/Guardian Signature/Date

Family/Significant Other Signature/Date

HCM Service Level	
<input type="checkbox"/>	Intensive
<input type="checkbox"/>	Intermediate
<input type="checkbox"/>	Limited
<input type="checkbox"/>	Clinical Support

CLOSURE COMMENTS	

Health Case Manager Signature/Name

Client/Guardian Signature/Date

Family/Significant Other Signature/Date