

Team Care Plan

Team Name: _____

Client Name: _____

Overall Goal in Case:

Long Term Goals:

1. _
2. _
3. _

Eg. Quit smoking

Medium Term Goals:

1. _
2. _
3. _

Eg. Reduce smoking to ½ pack/day

Short Term Goals

1. _
2. _
3. _

Eg. Sign up for smoking cessation program

Patient/Client Comments (have a team member enact the role of the client if you don't have someone in that role):

Patient/Client Issues	Goal(s) (from list above) to be Addressed	Outcome to be Achieved	Interventions	Health Care Professional(s) Assigned
Example: 1. Severe back pain	Independent mobility	Able to walk daughter to school	1. Assess cause of back pain 2. Exercises to strengthen back/core 3. Medication to manage pain 4. Assess for & prescribe mobility device	1. Physician/PT 2. PT 3. Physician/Pharmacist 4. OT/PT
1.				
2.				

Patient/Client Issues	Goal(s) (from list above) to be Addressed	Outcome to be Achieved	Interventions	Health Care Professional(s) Assigned
3.				
4.				
5.				

Patient/Client Issues	Goal(s) (from list above) to be Addressed	Outcome to be Achieved	Interventions	Health Care Professional(s) Assigned
6.				
7.				
8.				