

**SIM Tool - Individualised plans;**

**Individualised Care Plan**

<b>Surname:</b>	<b>Given Name:</b>	<b>C Code:</b>	<b>Room Number:</b>	<b>DOB:</b>
<b>Allergies</b>				
<b>PART 1: About Me</b>				
<b>About me and my family</b>				
<b>My Daily Life</b>				

## **PART 2: My Supports**

### **About my family & Friends**

### **Services & Community Groups**

## **PART 3: My Goals**

### **My Goals – 1<sup>st</sup> Goal**

**My First Goal is:**

**How to meet my first goal (Strategies)**

Completed By:

Designation:

Date:

**Have circumstances changed in my life? / any change to family dynamics? / my expectations?**

Completed By:

Designation:

Date:

My Goals – 2 <sup>nd</sup> Goal		
My Second Goal is:		
How to meet my first goal (Strategies)		
Completed By:	Designation:	Date:
Have circumstances changed in my life? / any change to family dynamics? / my expectations?		
Completed By:	Designation:	Date:

Are these strategies Person Centred?      YES      NO

*Definition: A **response** is **Person-Centred** when someone's need or request for support is met in a way that is **centred** on them and the unique expression of their particular needs.*

Part 5: Personal Care/Support Plan	
Communication Plan of Care	
Sight:	
Hearing:	
Speech/Comprehension:	
Associated Behaviours:	
Other:	
<b>My Expectations</b>          	

Eating and Drinking Plan of Care	
Likes:	
Dislikes:	
Food Allergies:	
Diet:	
Fluids:	
Weight:	
Other:	
<b>My Expectations</b>          	

Hygiene (including elimination) Plan of Care	
Natural Teeth/Dentures:	
Skin:	
Toileting:	
Bladder:	
Bowel:	
Associated Behaviours:	
Other:	
<b>My Expectations</b>          	

Plan of Care for Behaviours that are Needs Driven
<b>My Expectations</b>          

Part 5: Review/Monitoring	
Date:	Actions:

**Note:** Suggest a date for review