Caura CHSP CARE PLAN

# CLIENT INFORMATION

Client Name: {{ FirstName }} {{ LastName }}

Date of Birth: {{ DOB }}

Gender: {{ Gender }}

Address: {{ Address1 }} {{ Address2 }} {{ Suburb }} NSW {{ PostCode }}

# PLAN DETAILS

Date of Plan: {{ DateOfPlan }}

Date of Next Review: {{ ReviewDate }}

# SERVICES PROVIDED

Home Maintenance:  
{% if Type == "HM" %}☑ Yes ☐ No{% else %}☐ Yes ☑ No{% endif %}

Domestic Assistance:  
{% if Type == "DA" %}☑ Yes ☐ No{% else %}☐ Yes ☑ No{% endif %}

Personal Care:  
{% if Type == "PC" %}☑ Yes ☐ No{% else %}☐ Yes ☑ No{% endif %}

Community Access:  
{% if Type == "CA" %}☑ Yes ☐ No{% else %}☐ Yes ☑ No{% endif %}

# STAFF SIGN-OFF

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# REVIEW NOTES

Date of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Changes to Care Plan:

☐ Yes ☐ No

Details:

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Next Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_