# CHSP CARE PLAN

### CLIENT DETAILS

Name: {{ }}  
Gender: {{ }}  
D.O.B: {{ }}   
Marital stat: {{ }}  
Phone: {{ }}

Address: {{ }}

### MEDICAL CONDITIONS AND HISTORY

{{ }}

### EMERGENCY OR NEXT OF KIN CONTACT DETAILS

Name: {{ }}

Relationship: {{ }}

Phone: {{ }}

Address: {{ }}

### REFERRING DOCTOR

Name: {{ }}

Address: {{ }}

Phone: {{ }}

### SERVICES

☑ Domestic Assistance

☑ Home & Garden Maintenance

### CLIENT GOALS

{{ }}

### SERVICE DETAILS

|  |  |  |
| --- | --- | --- |
| **CARE NEEDS** | **GOAL** | **INTERVENTION** |
| {{ }} | {{ }} | {{ }} |
| {{ }} | {{ }} | {{ }} |
| {{ }} | {{ }} | {{ }} |

### WHS ISSUES/ FIRE SAFETY AND EMERGENCY EVACUATION PLAN

{{ }}

### EMERGENCY RESPONSE PLAN

{{ }}

### OTHER INFO

{{ }}

### DAILY TASKS SCHEDULES

|  |
| --- |
| **DAILY TASKS** |
| {{ }} |
| {{ }} |
| {{ }} |
| {{ }} |

### LAST UPDATED

{{ }}

### SUMMARY OF SERVICES

{{ }}