

# Care Compliance System - Template

## Person-Centred Care Plan Template

### Service User Details

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Room Number: \_\_\_\_\_

Key Worker: \_\_\_\_\_

### My Life History

Previous Occupation: \_\_\_\_\_

Family/Friends: \_\_\_\_\_

Interests/Hobbies: \_\_\_\_\_

### My Care Needs

Mobility: \_\_\_\_\_

Nutrition/Hydration: \_\_\_\_\_

Personal Hygiene: \_\_\_\_\_

Continence: \_\_\_\_\_

Communication: \_\_\_\_\_

### Risk Assessments

Falls Risk: \_\_\_\_\_

Skin Integrity: \_\_\_\_\_

Moving & Handling: \_\_\_\_\_

### Goals & Outcomes

Short-term Goals: \_\_\_\_\_

# Care Compliance System - Template

Long-term Goals: \_\_\_\_\_

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