

Sample Plan of Care

This sample plan of care is created jointly with youth and their parent/caregiver to set goals and outline a plan of action that combines health and personal goals. Information from the transition readiness assessment can be used to develop goals. The plan of care should be updated often and sent to the new adult clinician as part of the transfer package.

Preferred name _____ *Legal name* _____ *Date of birth* _____

Primary diagnosis _____ *Secondary diagnosis* _____

WHAT MATTERS MOST TO YOU AS YOU BECOME AN ADULT? HOW CAN LEARNING MORE ABOUT YOUR HEALTH NEEDS AND LEARNING HOW TO USE HEALTH CARE SUPPORT YOUR GOALS?

Youth's Prioritized Goals	Transition Issues or Concerns	Actions	Person Responsible	Target Date	Date Completed

Clinician/Care staff name _____ *Date plan created/Updated* _____

Clinician/Care staff contact information _____ *Clinician/Care staff signature* _____

Youth signature _____ *Parent/Caregiver signature* _____

