

Sample Plan of Care

This sample plan of care is created jointly with the youth/young adult and their parent/caregiver to set goals and outline a plan of action that combines health and personal goals. Information from the transition readiness/self-care skills assessment can be used to develop goals. The plan of care should be updated often.

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/Young Adult'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/Young adult signature _____ *Parent/Caregiver signature* _____