Patient Centered Care Plan

Patient Information

Patient Name

Last 4 Digits of Social Security Number

Date of Birth

List of My Healthcare Providers

Primary Care Provider Name

Phone Number (555) 555-5555

Other Provider Name

Phone Number (555) 555-5555

Other Provider Name

Phone Number (555) 555-5555

Other Provider's Names and Phone Numbers (multiple entries)

List of My Health Issues

Note: provide a list of your current health issues

List of My Support Team Members

Family Member Name

Phone Number (555) 555-5555

Friends and Neighbor Name

Phone Number (555) 555-5555

Friends and Neighbor Name

Phone Number

(555)
555-5555

List of Medical Suppliers, Home Health Agencies, Community Support and Phone Numbers
List of Allergies

List of Medications and Dosage s

List of Preventative Health Services

Vaccinactions:

Procedures Done/Scheduled

List of Specific Chronic Disease / Symptoms Treatment / Goals / Expected Outcomes

GOALS ARE TO DECREASE DISEASE PROGRESSION, TO LESSEN SYMPTOMS, AND TO IMPROVE QUALITY OF LIFE

List: