



Comprehensive Care Plan

Date Created: _____

Next PCP Appointment: _____

Client Name: _____ Client Record #: _____

Current Track: Quarterly Patient Navigation (no ART) Quarterly Patient Navigation Monthly Patient Navigation Weekly Patient Navigation

Please complete or update this form at least every six months, or as often as required by your contract, to help clients and providers plan for the period until the next Care Plan update. There are four sections to the Comprehensive Care Plan Form

- **Section 1:** Goals/action steps related to 1a) PCP Visit Attendance Issues and 1b and 1c) any other medical, program or service issue
- **Section 2:** Goals/action steps related to HIV Self-Management topics to be covered
- **Section 3:** Goals/action steps related to ART Adherence (applies only to clients prescribed ART)
- **Section 4:** Any new issues not covered in Sections 1-3

Please ensure that goals are SMART: **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**imely.

Section 1: Coordination of Care

1a: PCP Visit Attendance Issue or Goal: _____ Date Resolved: _____

Action Steps	Responsible Party			Target Date	Outcome				Outcome Date
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				

1b: Other Medical, Program or Service (Medical or Social) Issue or Goal: _____ Date Resolved: _____

Action Steps	Responsible Party			Target Date	Outcome				Outcome Date
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				



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Client Name: _____

Client Record #: _____

Section 3: Adherence *Please complete Adherence section only if the client is currently prescribed ART.*

3a: Adherence Issue or Goal 1: _____ Date Resolved: _____

Action Steps	Responsible Party			Target Date	Outcome				Outcome Date
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				

3b: Adherence Issue or Goal 2: _____ Date Resolved: _____

Action Steps	Responsible Party			Target Date	Outcome				Outcome Date
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				

Client: _____	Name	Signature	Date: _____
Program Staff: _____	Name	Signature	Date: _____
PCP: _____	Name	Signature	Date: _____

Section 4: Other Needs and Goals *In this section, please identify other (and new/emerging) issues or goals and the steps taken to address them.*

4a: Other Issue or Goal 1: _____ Date Resolved: _____

Action Steps	Responsible Party			Target Date	Outcome				Outcome Date
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	

4b: Other Issue or Goal 2: _____ Date Resolved: _____

Action Steps	Responsible Party			Target Date	Outcome				Outcome Date
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				
	PCP	CC	PN		Completed:	Yes	No	N/A or Other	



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Client Name: _____

Client Record #: _____

Section 4: Other Needs and Goals *In this section, please identify other (and new/emerging) issues or goals and the steps taken to address them.*

4c: Other Issue or Goal 3: _____ Date Resolved: _____

Action Steps	Responsible Party			Target Date	Outcome				Outcome Date
	PCP	CC	Navigator		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				
	PCP <td>CC <td>Navigator <td></td> <td>Completed:</td> <td>Yes</td> <td>No</td> <td>N/A or Other</td> <td></td> </td></td>	CC <td>Navigator <td></td> <td>Completed:</td> <td>Yes</td> <td>No</td> <td>N/A or Other</td> <td></td> </td>	Navigator <td></td> <td>Completed:</td> <td>Yes</td> <td>No</td> <td>N/A or Other</td> <td></td>		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				
	PCP <td>CC <td>Navigator <td></td> <td>Completed:</td> <td>Yes</td> <td>No</td> <td>N/A or Other</td> <td></td> </td></td>	CC <td>Navigator <td></td> <td>Completed:</td> <td>Yes</td> <td>No</td> <td>N/A or Other</td> <td></td> </td>	Navigator <td></td> <td>Completed:</td> <td>Yes</td> <td>No</td> <td>N/A or Other</td> <td></td>		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				
	PCP <td>CC <td>Navigator <td></td> <td>Completed:</td> <td>Yes</td> <td>No</td> <td>N/A or Other</td> <td></td> </td></td>	CC <td>Navigator <td></td> <td>Completed:</td> <td>Yes</td> <td>No</td> <td>N/A or Other</td> <td></td> </td>	Navigator <td></td> <td>Completed:</td> <td>Yes</td> <td>No</td> <td>N/A or Other</td> <td></td>		Completed:	Yes	No	N/A or Other	
	Client	Other:			Notes:				

Program Staff Completing Section 4: _____ Name _____ Signature _____ Date: _____

Notes: