



Near North Palliative Care Network (NIP/PS)

347 Sherbrooke Street, Suite 302

North Bay, ON P1B 2C1

Phone: (705) 497-9239 (800) 287-9441 Fax: (705) 497-1039

CARE PLAN – PALLIATIVE CLIENT

Last Name:	First Name:	Phone Number:
Services/Support Requested: Respite: <input type="checkbox"/> Advance Directive/Living Wills: <input type="checkbox"/> Lending Library: <input type="checkbox"/> Loan Cupboard: <input type="checkbox"/> Other: <input type="checkbox"/> _____		
Client Goals/Expectations:		
Support to be Provided: Social: <input type="checkbox"/> Physical: <input type="checkbox"/> Emotional: <input type="checkbox"/> Spiritual: <input type="checkbox"/> Nutritional: <input type="checkbox"/> Comfort Measures: Information: <input type="checkbox"/> Other: <input type="checkbox"/> _____		
Plan of Action:		
Client/Substitute Decision Maker Signature:		Date:
NNPCN Representative:		Date:

TURN PAGE OVER FOR REVISIONS TO CARE PLAN

Revised/Reviewed Care Plan:

Client/Substitute Decision Maker Signature:

Date:

NNPCN Representative:

Date:

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