

### CVC Program Comprehensive Care Plan – Gold Card Holders

**Personal Details**

Title	Family name	Given Names	Date of Birth	Age
Address			Phone	
DVA Gold Card No.	Resuscitation Order <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, provide details Advance Health Directive <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, provide details		Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>	HRN
Medicare No.	Power of Attorney / Enduring / Authority / Administration appointed? [please specify] <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, provide details			

	Name	Contact details
Carer		
Emergency Contact		
Doctor		
DVA Community Nursing Provider		
Pharmacist		

	Diagnosis	Management	Target	Red flags	Review date
1.					
2.					
3.					
4.					
5.					

Allergies	Reaction	Allergies	Reaction
1.		4.	
2.		5.	
3.		6.	

Hospital Admissions / A&E Department Visits	Admitted	Discharged	Reason for Presentation	Complications

Devices	Commenced	Devices	Commenced

**Medication Record [include prescription and non-prescription]**

Generic or Trade Name and Type	Strength	Frequency					Prescribing Doctor / Reason for medication	Commenced	Ceased
		M	L	D	N	PRN			

Home Medicines Review in the last 12 months  Yes  No  N/A

**Recent results and investigations**

Bloods	Results	BP	Urinalysis	Date	Next Due
			Vaccinations	Date	Next Due

Planned Service Provider / Education Contact	Details	No. Per Year	Scheduled services are to be shown under respective months listed below												Comments
			Care Plan commencement date:						Care Plan expiry date:						
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
GP Consultations															
Care Plan Reviews															
Nurse Reviews															

Allied Health Appointment															



**SYMPTOM ACTION PLAN**

**What is it?** The Symptom Action Plan is designed to help you and your doctor and care coordinator to manage your conditions. The Symptom Action Plan identifies the action you should take when these signs appear. If the state of your conditions or course of treatment changes, you can use the Monitoring Diary to write down the details. This information can then be used to decide what modifications need to be made to your Symptom Action Plan.

**Who completes the forms?** The Symptom Action Plan is to be completed by your doctor or care coordinator.

**How do I use it?** Veterans can carry the Symptom Action Plan with them (i.e. wallet or handbag) or place it on their fridge, so that they can refer to it, at any time, as the need arises.

**If in doubt?** If for any reason you are in doubt about what to do, then contact your doctor or care coordinator for advice. If they are unavailable, then contact the Emergency Department of your local hospital.

**Symptom Action Plan**

**Date completed:**

**Date to be reviewed:**

Veteran's name:

DOB:

DVA Card No:

Admissions during past 2

years: Reason for admission:

- Social – home environment e.g. falls
- Medication – not taking medication as prescribed e.g. cost, forgetfulness, side effects etc.
- Other

**My primary condition is**

I measure and manage my symptoms in the following way:

- When / If \_\_\_\_\_ then I \_\_\_\_\_
- When / If \_\_\_\_\_ then I \_\_\_\_\_
- When / If \_\_\_\_\_ then I \_\_\_\_\_
- When / If \_\_\_\_\_ then I \_\_\_\_\_
- When / If \_\_\_\_\_ then I \_\_\_\_\_

	Name	Contact details
Doctor		
CVC Care Coordinator		
Hospital	Emergency Department	