

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

**Personal Details**

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

	Name	Contact details
<b>Carer</b>		
<b>Emergency Contact</b>		
<b>Doctor</b>		
<b>DVA Community Nursing Provider</b>		
<b>Pharmacist</b>		

**Please refer to page 5 which outlines treatment/funding options**

	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



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	

**\* Funding Options for DVA White Card holders**

DVA funds treatment for:

- all conditions which DVA has accepted as being related to a patient’s military service
- conditions under [Non-liability health care \(NLHC\)](#)
- conditions under [Provisional access to medical treatment \(PAMT\)](#)

DVA does not fund treatment for:

- conditions not covered as accepted conditions on a veteran’s White Card
- conditions not covered under [NLHC](#)
- conditions not covered under [PAMT](#)

Treatment for conditions not funded by DVA should be included in the care plan but will need to be funded through alternative funding options e.g. Medicare, privately funded etc.

The below summary can be used to discuss treatment funding options

	Participant’s DVA Accepted Conditions	Participant’s conditions not accepted but treatment funded through NLHC	Participant’s conditions not accepted but treatment funded under PAMT	Participant’s conditions where treatment is not funded by DVA
1.	e.g. Anxiety			
2.				
3.				
4.				
5.				
6.				
7.				