My Health Care Plan

Name: _____

Enclosures*:

- ☐ Communication Checklist
- ☐ Current Goals of Care Plan
- ☐ Advance Care Directive
- ☐ Enduring Guardianship
- ☐ Multidisciplinary Team Care Plan
- ☐ Other: _____

_____

*all enclosures should be copies, not originals

This envelope should accompany the client if transfer to hospital required

Note to Hospital Staff:

On transfer to hospital, please copy the contents of this envelope, place on the client's file, and return the envelope to the family or carer.

Tasmania

GENERAL PRACTICE south