



Personalised Care Plan

Goal-driven plan covering routine, mobility, and support

Client Overview

Client Name

Date of Plan

Review Date

Primary Caregiver

Care Coordinator

Goals of Care

What does the client want to achieve / maintain?

Daily Care Routine

Time	Task	Notes / Preferences

Mobility & Transfers

Assistive devices, transfer method, weight-bearing status

Nutrition & Hydration

Diet, preferences, restrictions, hydration goals



Cognitive & Emotional Support

Memory cues, redirection, activities of interest

Plan Approval

Signature

Printed Name

Date
