

# Assisted Living Care Plan

**Date:** [Insert Date]

**Resident Name:** [Insert Resident Name]

**Room Number:** [Insert Room Number]

**Care Coordinator:** [Insert Care Coordinator Name]

## 1. Health Status

- Diagnosis: [Insert Diagnosis]
- Medications: [Insert Medications]
- Allergies: [Insert Allergies]

## 2. Personal Goals

- [Insert Personal Goal 1]
- [Insert Personal Goal 2]
- [Insert Personal Goal 3]

## 3. Care Needs

- Assistance with Activities of Daily Living (ADLs): [Specify Needs]
- Social Activities: [Specify Needs]
- Nutritional Needs: [Specify Needs]

## 4. Emergency Contacts

- Primary Contact: [Insert Name and Phone Number]
- Physician: [Insert Name and Phone Number]

## 5. Review Date

The care plan will be reviewed on: [Insert Review Date]

**Signature**

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**Care Coordinator Signature**