

Hospice Care Personal Care Plan

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Care Team Members:

- [Caregiver Name 1] - Role
- [Caregiver Name 2] - Role
- [Medical Professional Name] - Role

Patient Goals

1. Goal 1: [Insert Goal]
2. Goal 2: [Insert Goal]
3. Goal 3: [Insert Goal]

Personal Care Plan

Daily Care Needs

- Personal Hygiene: [Details]
- Medication Management: [Schedule]
- Nutritional Needs: [Details]

Emotional and Psychological Support

[Details about support strategies]

Emergency Contact Information

Primary Caregiver: [Name, Phone Number]

Medical Provider: [Name, Phone Number]

Review Dates

- Next Review: [Insert Date]

Signature: _____

Print Name: [Insert Name]