HealthLink

MICs Health Link

Let's Make Healthy Change Happen

COORDINATED CARE PLAN UPDATE FORM

Completed by:			
Organization:			
Name:		Date (DD/MM/YYYY):	
Phone #:		Fax #:	

Patient Identifiers	
NE LHIN CHRIS Client Number:	
First Name (Preferred Name):	Surname:
Date of Birth (DD/MM/YYYY):	

☐ **Update specified CCP domain(s)** (other than to "My Care Team")

CCP Domain	**Update**
My Identifiers	
What's Most Important To Me & My Concerns	
My Care Team	
Health Care consent & Advance Care Planning	
My Health	
More About Me	
My Goals & Action Plan	
My Medication Coordination	
My Allergies	
Appendix 1 – My Medication List	
Appendix 2 – My Health Assessments	
Appendix 3 – My Most Recent Hospital Visit	
Appendix 4 – Palliative Approach to Care	

☐ **Add or remove Care Team members**

Organization	**Action**
	☐ **Add** ☐ **Remove**
	☐ **Add** ☐ **Remove**
	☐ **Add** ☐ **Remove**
	☐ **Add** ☐ **Remove**
	☐ **Add** ☐ **Remove**

☐ **Add or remove consent directive/restriction as described below**

☐ **Other updates as described below**

Instructions for submission:
<<Health Link to populate>>