

## **GSSC Plan of Care Progress Note**

### **Date/Time of visit:**

**Observations:** (ex. Member alert and oriented x3/forgetful and confused, pleasant calm mood. Appearance: well-groomed/unkept, poor historian, cooperative/uncooperative, etc.). Living conditions and support network. Source of information (ex. member, family member name, etc.).

### **Member-centered goals addressed:**

#### **Goal 1:**

- **Health promotion/education provided:**
- **Member response:**
- **Plan (Please include responsible person, date/time of next planned visit):**

### **\*Add additional goals as needed**

### **\*Key Points for documentation:**

- Review plan of care (member's goals and CHW interventions) and reference in your note person(s) responsible for specific interventions
- Assess and document member's safety concerns at each visit
- BH issues exacerbations if noticed or expressed by member (notify RNCM)
- Evidence of coordination/ communication with the RNCM