

## Care Planning Preparation Checklist

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Staff Position: \_\_\_\_\_

Use this checklist to prepare for your initial care planning meeting with a client. You can gather this information from the client's support plan, a phone call with the client or their support person, or other available records.

### Instructions

1. Complete all sections before meeting with the client.
2. Circle 'Yes', 'No', or other responses where applicable.
3. Provide additional information in the 'Comments' section as needed.

### Confidentiality statement

This document contains confidential information. Handle and store it securely in line with your organisation's policies.

**Please turn to the next page to begin the Care Planning Preparation Checklist. This checklist is organised into sections that focus on different aspects of the client's life and needs, and it continues across several pages.**

Action item	Yes	No	Comments
Support plan reviewed	Yes	No	
<b>Communication needs</b>			
What is the client's preferred mode of communication? (e.g., phone, email, text etc.)	N/A	N/A	Describe:
Does the client speak English as a first language?	Yes	No	
Does the client require an interpreter?	Yes	No	If yes, describe the required interpreter arrangements:
Does the client have impaired speech, vision, or hearing?	Yes	No	If yes, describe how the meeting outcomes will be recorded and shared:
If communication barriers were identified, does the client have advice on how to support effective communication?	Yes	No	If yes, describe:

Support network details	Yes	No	Comments
Does the client want a support person at the care planning meeting?	Yes	No	
If yes, has the client consented to the person attending the meeting?	Yes	No	If yes, document: Name: _____ Phone: _____ Relationship to client: _____
<b>Wellness and reablement</b>			
Has the client been referred for a reablement period?	Yes	No	
Has the client been referred for an ongoing service?	Yes	No	
Has the client been provided with information about Commonwealth Home Support Programme (CHSP) services and/or the wellness and reablement approach?	Yes	No	If yes, describe:
Has the client been sent a Self-Assessment Survey?	Yes	No	If yes, describe when and to whom the survey was sent:

Meeting details	Yes	No	Comments
Has the date and time for the care planning meeting been confirmed?	Yes	No	Confirmed date and time: Date: _____ Time: _____
If applicable, has the support person/s been notified?	Yes	No	Date and time contacted: Date: _____ Time: _____
<b>Client safety and preferences</b>			
Have you completed a risk assessment per your organisation's requirements?	Yes	No	
Is there anything else the client would like you to know about making the visit more comfortable (e.g., removing shoes or other important cultural practices and household customs)?	Yes	No	If yes, describe:

Additional comments

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