



**Rural Wellington ALC-LTC Shared
Care Hub Patient Profile**

First Name:	
Surname:	
DOB:	
Town:	
PC:	

SDM:

Caregivers attending:

		Comments
Patient Profile (overview)	<input type="checkbox"/> Activities of daily living	
	<input type="checkbox"/> Instrumental activities of daily living	
	<input type="checkbox"/> Cognition	
	<input type="checkbox"/> Safety or risk concerns	
	<input type="checkbox"/> Caregiver concerns	
	<input type="checkbox"/> Current health concerns	
	<input type="checkbox"/> Other:	
Current supports in place	Formal	Informal
What is working? What is not? gaps		
Focus of Discussion		

See attached Coordinated Care Plan

Fax Patient Profile to 519-571-3955 attn: Leanne McShannock

Email to leanne.mcshannock@lhins.on.ca with notification of incoming request

