



Type name here

Outcome Plan Assessment

| | | |
|--|-----------|-----------------------------|
| Assessment Service: | LifeLinks | Insert Photo if appropriate |
| Date referral received: | | |
| Date assigned to Outcome Planner: | | |
| First contact date: | | |
| Date plan started: | | |
| Date plan completed: | | |
| This plan is my: | | |
| The place my plan was completed: | | |



My Personal Details are:

| | | | |
|---|--|--|--|
| Preferred Name: | | Date of Birth: | |
| Title: | | Gender: | |
| I live at: | | | |
| My Postal Address is: | | NHI: | |
| Email: | | Ethnicity: | |
| Home Phone: | | Iwi: | |
| Work Phone: | | Community Services Card Number: | |
| Mobile: | | | |
| My Preferred Form of Contact: | | Expiry Date: | |
| The Language I am most fluent in is: | | | |
| I can also communicate in: | | | |
| Disability/Diagnosis: | | | |
| Referral agency: | | Phone: | |
| Specialist: | | Phone: | |
| GP: | | Phone: | |
| ACC claimant: | | | |



Those Present at my Planning Meeting and their Relationship to Me:

I was unable to contribute to this plan so information was compiled by those present:
(delete if person contributes to plan)

People invited to my planning meeting but unable to attend:

Attached Reports:

| <u>My representative is:</u> | | <u>My alternative contact:</u> | |
|------------------------------|--|--------------------------------|--|
| Surname: | | Surname: | |
| First Names: | | First Names: | |
| Address: | | Address: | |
| Home Phone: | | Home Phone: | |
| Work Phone: | | Work Phone: | |
| Mobile: | | Mobile: | |
| Email: | | Email: | |
| Relationship to me: | | Relationship to me: | |



History and Events leading to my Plan:

My Living Situation:

Desired living situation:

My Current Supports:

I would like to strengthen my supports by:

How I Communicate:

Ways to improve my communication:

My Mobility:



My goal for mobility:

Sensory Function:

My goal for sensory function:

I Complete My Household Tasks by:

My goal for household tasks:

I Manage My Personal Cares by:

Ways to strengthen my personal cares:



My General Well Being:

My current sleep routine is:

My current behaviours could be described as:

Ways to improve my well being:

I have these disability related costs:

This is what I do during the day:

This is what I would like to be doing during the day in 12 months:



These are other activities I would like to consider:

What Spirituality means to me:

Ways to strengthen my spirituality:

What Culture means to me:

Ways I would like to be more involved with my Culture:

This is what I want my life to look like:

My Carer Information:

My Caregiver's situation:

| | |
|---------------------------|--|
| Carer's Name: | |
| Their relationship to me: | |



| | |
|--|--|
| Fulltime carer's date of birth: | |
| Fulltime carer's Community Services Card (CSC) (if applicable) | |
| Address: | |
| Telephone Number: | |
| Email Address: | |



Completing The Plan

I have read and discussed this plan with my planner

I agree/disagree with the plans content.

I agree/disagree with the strategies to achieve my outcomes.

Person/Representative Name:

Signature:

Date:

Planner's Name:

Signature:

Date:

