Alberta Government | ALBERTA MEDICAL ASSOCIATION | Section of Rural Medicine | Section of General Practice

Comprehensive Annual Care Plan

Patient's Name ____________________ Date *(yyyy-mm-dd)* ____________

Affix label here

For info on CKD diagnosis, management and referral see:

Part 1 - Diagnoses

"Complex" patient means multiple complex health needs including chronic disease and other complications. The patient must have at least two diagnoses from Group A OR at least one from Group A and one from Group B.

GROUP A	GROUP B
☐ Hypertensive disease (401)	☐ Mental Health (290-319)
☐ Diabetes Mellitus (250)	☐ Obesity (278)
☐ COPD (496)	☐ Addictions (303-304)
☐ Asthma (493)	☐ Tobacco (305.1)
☐ Heart Failure (428)	
☐ Ischaemic Heart Disease (413-414)	
☐ Chronic Kidney Disease (CKD) (585)	

Part 2 - History

Note: If the required information already exists in another format, the physician may attach a hard copy instead of completing the required fields. The form must still include appropriate signatures.

Problem list (allergies, medical conditions, important medical history, barriers, problems etc.)

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Lifestyle Issues and Other Relevant Information

Caffeine	☐ No	☐ Yes	Consumption ____________ (day/wk/mo)
Smoking	☐ No	☐ Yes	Consumption ____________ (day/wk/mo)
Alcohol	☐ No	☐ Yes	Consumption ____________ (day/wk/mo)
Recreational Drugs	☐ No	☐ Yes	Specifics ____________
Physical Activity	☐ No	☐ Yes	Specifics ____________
Other	Specifics		

Current Medications

Medication	Problem	Dosage

CKD Drug Therapy

Reference: ____________

Reference: ____________

Reference: ____________

Therapies/Interventions

Therapies/ Interventions	No. per year	Scheduled services are to be shown under respective months listed below (mark with an 'x')											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Involvement of Health Care Professionals

Reference: ____________

Professional	**Active or planned**	**Contact Information** (if available)	**Additional Information** (role, goal linkages, next appt, etc.)
☐ Specialist			
☐ Pharmacist			
☐ Dietician			
☐ Nurse Practitioner			

Involvement of Health Care Professionals (continued)

Professional	Active or planned	Contact Information (if available)	Additional Information (role, goal linkages, next appt, etc.)
☐ Physician Assistant			
☐ Psychologist			
☐ Social Worker			
☐ Other			
☐ Other			

End of Life / Advance Care Planning discussed. If yes, provide details: ☐ Yes ☐ No ☐ N/A

Part 3: Goals

Must be clearly defined and agreed upon between the patient and/or the patient's agent and the physician.

This section is to be completed by the patient in partnership with the physician and/or care team. May include concerns about medical conditions, problems, barriers or next steps, and are followed by actions, solutions, observations, the current status of the goals and expected outcomes, etc.

Recommended Goals for Patients with CKD:

Exercise 30 minutes, 5 times per week Achieve a
healthy BMI
Smoking Cessation
Adequate fluid intake
Healthy low sodium, low potassium diet
Achieve target blood pressure: ____/____

Patient Resources & Handouts:

Tips for managing CKD (handout): ______________________________
Low Sodium Foods (handout): __________________________
Low Potassium Food (handout): _______________________
Kidney Foundation of Canada: ____________________

Goal	Action	Who is Responsible	Expected Outcome	Result

Declaration

We (the physician and patient/patient agent) have discussed this care plan and the patient/patient agent has received a written copy of it. A similar document has not been completed with another physician in the past twelve months.

Date (yyyy-mm-dd)	Patient and/or Agent Names	Patient or Agent Signature
Date (yyyy-mm-dd)	Physician Name	Physician Signature