**Weekly Key Patient Care Plan**

**Pt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dx:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evaluation “Connect the Dots” Statement:**

**Priority Functional Goals (up to 3 as needed) Associated Impairments**

**1. 1.**

**2. 2.**

**3. 3.**

**Plan A - Priority Interventions to achieve goals:**

Goal 1 Interventions/rationale:

Goal 2 Interventions/rationale:

Goal 3 Interventions/rationale:

**Outcomes Assessment: What goals did you achieve? Why and/or Why not?**

**Changes to Plan?**

 ***(use opposite side if needed)***