

**COUNTY OF SAN LUIS OBISPO – WHOLE PERSON CARE PILOT PROJECT  
SHARED CARE PLAN**

Client Information		
<b>Name:</b>	<b>DOB:</b>	<b>Gender:</b>
<b>Address:</b>	<b>Language:</b>	
	<b>Phone:</b> Leave message ok? Yes   No	
<b>Living situation:</b>	<b>Email:</b> E-mail ok? Yes   No	
<b>WPC #:</b>	<b>OCTAVIA #:</b>	

Care Team		
Provider		Contact Information (details and preference)
<b>PCP</b>		
<b>Psychiatrist</b>		
<b>Therapist</b>		
<b>Case Manager</b>		
<b>Other</b>		

Client Stated Strengths		Client Stated Challenges/Barriers/Needs	
<b>Date</b>		<b>Date</b>	

Client Stated Goals			
<b>Date</b>	Short term:	<b>Date</b>	Long term

Attach any other available “care plan” from other providers if applicable and available.

Medical Goals			
<b>Date</b>	Goal	<b>Date</b>	Goal
	Intervention		Intervention
	Barriers		Barriers

Behavioral Health Goals		Social Connectedness Goals	
<b>Date</b>	Goal	<b>Date</b>	Goal
	Intervention		Intervention
	Barriers		Barriers

Goal (optional)		Goal (optional)	
<b>Date</b>	Goal	<b>Date</b>	Goal
	Intervention		Intervention
	Barriers		Barriers

Attach any other available “care plan” from other providers if applicable and available.