





**Emergency Department Coordinated Care Plan Record (continued)**

Care Plan for Return Visits to Any Emergency Department in Manitoba for the Assessment and Treatment of \_\_\_\_\_ :

Area for writing the care plan, consisting of multiple horizontal lines.

**Participants in Care Planning Process:**

Area for listing participants in the care planning process, consisting of multiple horizontal lines.

**Confirmation of Awareness of Plan of Care in Effect**

The purpose, nature, expected outcomes and potential complications of the proposed plan of care as well as the consequences for not following the plan of care have been discussed with me.

\_\_\_\_\_  
Patient/Designate Signature

\_\_\_\_\_  
Date and Time