

ST. NORBERT COLLEGE HEALTH AND WELLNESS SERVICES

PLAN OF CARE

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Last Date of Assessment: \_\_\_\_\_

Name and degree of provider directing care: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Contact name: \_\_\_\_\_

Ongoing treatment: Medication, dosage, duration, etc.

\_\_\_\_\_  
\_\_\_\_\_

Health and Wellness Services can provide assistance with the Plan of Care in the following ways:

- Provide health assessments and lab tests as per attending medical provider orders (please attach).
- Provide psychotherapy as needed for continuation of care
- Provide ongoing psychological testing relative to the diagnosis
- Maintain contact with medical/psychological provider should complications become evident:

\_\_\_\_\_  
\_\_\_\_\_

Other:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date