

PERSONAL SUPPORT CARE PLAN

MEDICAL ALERTS: (i.e epilepsy)

Name: **D.O.B:** **Diagnosis:** **Allergies:**

About me and my current situation including behaviours of concern if any:

Triggers:

My Health and Medical needs and things to be mindful of:

NDIS and personal goals:

Activity	Full Assist	Partial Assist	Prompt	N/A	Comment:
Showering					
Dressing					
Mobility					
Continence					
Grooming					
Skin Integrity					
Oral Care					

Risk Management			
Risk	Risk Rating	Mitigation Action, Task	Responsibility

			Potential Consequences				
			L6	L5	L4	L3	L2
			Minor injuries or discomfort. No medical treatment or measurable physical effects.	Injuries or illness requiring medical treatment. Temporary impairment.	Injuries or illness requiring hospital admission.	Injury or illness resulting in permanent impairment.	Fatality.
			Not Significant	Minor	Moderate	Major	Severe
Likelihood	Expected to occur regularly under normal circumstances	Almost Certain	Medium	High	Very High	Very High	Very High
	Expected to occur at some time	Likely	Medium	High	High	Very High	Very High
	May occur at some time	Possible	Low	Medium	High	High	Very High
	Not likely to occur in normal circumstances	Unlikely	Low	Low	Medium	Medium	High
	Could happen, but probably never will	Rare	Low	Low	Low	Low	Medium



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