

**ARIES CARE PLAN**

**RW Program Yes No**

**CLIENT NAME:**

**NEED: (Srcv Cat)** Outpatient/Ambulatory Medical Care

**GOAL # 1 :** **Goal Description:** To Maintain Optimal Health

TASKS	ASSIGNED TO	DATE INITIATED	TARGET DATE	OUTCOME	OUTCOME DATE
<i>Patient to meet with Medical Provider at least 2x yearly. Pt will maintain medication regimen as prescribed by Provider for the next 6 months.</i>	Client				
<b>TASKS</b> <i>Patient will complete all labs (T-cell and Viral Load) at least 2x yearly. Pt to complete annual TB test. Pt will contact Provider asap regarding any changes in health status.</i>	Client				
<b>REFERRAL</b>	REFER TO	REFERRAL DATE	TARGET DATE	OUTCOME	OUTCOME DATE

**NEED: (Srcv Cat)** Medical Case Management (including treatment adherence)

**GOAL # 2 :** **Goal Description:** To Maintain Medical Case Management Services with CCCPHAP

TASKS	ASSIGNED TO	DATE INITIATED	TARGET DATE	OUTCOME	OUTCOME DATE
<i>Patient to meet with Medical Social Worker 2x yearly to re-establish eligibility in CCCPHAP medical case management svcs.</i>	Client				
<b>TASKS</b> MSW to support pt accessing health care needs and services, such as medical appts, insurance, accessing medications, transportation, access to condoms and lubricants, risk reduction/health education, and other medical needs.	MSW				
<b>REFERRAL (Could list ADAP if needed)</b>	REFER TO	REFERRAL DATE	TARGET DATE	OUTCOME	OUTCOME DATE

Medical Case Manager Signature

Date

Client Signature

Date

**ARIES CARE PLAN**

**RW Program Yes No**

**CLIENT NAME:**

**NEED: (Srv Cat)** \_\_\_\_\_

**GOAL # 3: Goal Description:** \_\_\_\_\_

TASKS	ASSIGNED TO	DATE INITIATED	TARGET DATE	OUTCOME	OUTCOME DATE
TASKS	ASSIGNED TO	DATE INITIATED	TARGET DATE	OUTCOME	OUTCOME DATE
REFERRAL	REFER TO	REFERRAL DATE	TARGET DATE	OUTCOME	OUTCOME DATE

**NEED: (Srv Cat)** \_\_\_\_\_

**GOAL # 4: Description:** \_\_\_\_\_

TASKS	ASSIGNED TO	DATE INITIATED	TARGET DATE	OUTCOME	OUTCOME DATE
TASKS	ASSIGNED TO	DATE INITIATED	TARGET DATE	OUTCOME	OUTCOME DATE
REFERRAL	REFER TO	REFERRAL DATE	TARGET DATE	OUTCOME	OUTCOME DATE

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Medical Case Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

