

Respiratory Home Care Plan Template

Client Name: _____

Date of Birth: _____

Primary Diagnosis: _____

Other Diagnoses: _____

Start of Care Date: _____

Plan Duration: _____

Goals:

- Improve respiratory function
- Reduce shortness of breath
- Increase patient independence in self-care

Services Provided:

- Nebulizer treatments
- Chest physiotherapy
- Oxygen monitoring
- Patient education

Therapist Name: _____

Therapist Signature: _____

Date: June 23, 2025