

Patient Name:

Date:

PCP:

### Situation (brief, 2 sentences)

Age

Race

Care Management start:

Main Care concern(s) (behavioral/medical/physical:

### Background

Tobacco/Substance use:

Diagnoses:

Living situation/support system:

Health Literacy:

Adherence barriers/concerns:

Key leverage point: (pt. values/strengths etc...)

PHQ( 9) latest:

PHQ(9) previous:

BP latest:

BP previous:

A1c latest:

A1c previous:

LDL latest:

LDL previous:

HF Classification/EF:

MMSE latest:

eGFR

Other Provider specific information:

Medications:

Allergies and Medications tried:

Imaging:

Consultants:

### Assessment

Successes:

Challenges:

Prioritize care issues:

### Recommendations

Behavioral:

Medical: