

Care Management Comprehensive Assessment

Current Status:

Greatest Concern:

Understanding of condition (s):

Hypertension

Year of onset _____

Year(s) of hospital admission for BP _____

Year(s) of hospital admission for CHF _____

Year(s) of heart attack _____

Year(s) of stroke _____

Current Management:

Specialist _____

Home BP _____ times per month

Community BP _____ times per month

Average B/P readings in past month _____

BP Device

Functional

Nonfunctional

Previous Management –None

Reason for stopping or not starting

Medicine _____

Other _____

Diabetes

Year of onset: _____

Year(s) of hospital admission for diabetes:

Effect on:

Eyes (retinopathy)

Nerves (decreased sensation in feet)

Burning night pain in feet

Kidneys (renal insufficiency)

Proteinuria or microalbuminuria

Current Management

Specialist _____

Monitoring blood sugar at home: _____ time(s) per day

Glucometer

Low reading in past week _____

High reading in past week _____

Average fasting reading in past week _____

Previous Management None

Reason for stopping or not starting

Medicine _____

Other _____

Pertinent History:

Other Providers:

Medication Review:

Drug	Dosage	Indication
Carvedilol 25 mg	Take 1 tablet by mouth twice daily	Heart Failure
Furosemide 20 mg	Take 1 tablet by mouth once daily in the morning	Heart Failure
Lantus Solostar (100 units/mL)	Inject 20 units subcutaneously once daily in the evening	Diabetes
Lisinopril 10 mg	Take 1 tablet by mouth once daily	Hypertension
Metformin 1000 mg	Take 1 tablet by mouth once daily	Diabetes
Pravastatin 20 mg	Take 1 tablet by mouth once daily	Hyperlipidemia
Omeprazole	Take 1 capsule by mouth once daily	Unknown
Paxil	Take 20 mgs one time per day	Depression

ADL Screening:

How do you manage these activities with which you have difficulty? Is this adequate?

Transportation/walking outside the home

Shopping

Preparing Meals

Light Housework

Bathing

Dressing

Toileting

Transferring

Eating

Walking in home

Supports/Strengths:

Stressors/Treatment Challenges:

Patient agreement to CM services

Treatment Options:

Treatment goal:

Recommendations/Interventions/Coordination:

Future appointments and follow up:

- Recommend a follow-up call in X_____
- Share recommendations of the team
- Begin X_____

After the visit:

Prepare for the case review with SBAR (5-10 minutes):

Situation:

Background:

Assessment (including patient treatment goal/Targets):

Recommendation:
