

# 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:

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