**Care Conference Patient Summary**

Care Conference Date/Time:\_\_\_\_\_\_\_\_\_\_\_\_

Patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Care Conference Lead \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Care Team:**

Care Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Care Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mental Health Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Coach\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CDE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient care review summary (***note key changes, areas of focus)***:**

Medical history:

Mental health history:

Substance use history:

Pharmacy history:

Social history:

Lab values:

Radiology results:

Care Plan \_\_\_Yes \_\_\_ No \_\_\_\_\_\_\_ Date last updated

**Purpose of the Care Conference:**

Clinical Summary:

Clinical goals:

Obstacles to clinical goals

Patient identified goals:

Action items:

Obstacles to patient action items and movement on goals:

**Potential Needs:**

Clinical management needs:

Mental Health needs:

Substance use needs:

Pharmacy management needs:

Social needs:

**Summary Action Items:**

**Follow-up:**

Care Conference: \_\_\_ 1 month.

Communication via patient chart / patient case: \_\_\_

Other follow-up communication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_