

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: _____