

NACHC Elevate Featured Health Center Resource



CASE MANAGEMENT DOCUMENTATION TEMPLATE

Screening/Assessment			
Pt	Info	(Number called/name of person/etc.)	
M	Medical/Behavioral Conditions		
Af	fect		
ER	R/IP		
Re	Recent specialty appointments		
Re	Recent medication refills/changes		
ΑD	DLS		
SD	SDOH		
		Housing	
		Transportation	
		Food	
		Other	
Planning			
Go	oal	(SMART)	
Go	Goal Progress		
Care Coordination			
Subjective			
Next Appointment/Follow Up			