

Care Plan Template (Field Provided)

Subjective:

Chief Complaints:

1. CCM Comprehensive Care Plan.

HPI:

CARE PLAN :

Comprehensive Care Plan

Chronic Conditions: .

My Personal Health Goals: .

Limitations and Stressors: .

Current Provider: .

Screening Schedule Recommended: .

Expected Outcome: .

Actions Recommended: .

Schedule to review and revise .

PREVENTIVE MEDICINE::

DENTAL SCREENING:

Does the patient receive routine dental care?

Date of last dental exam:

VISION SCREENING:

Does the patient receive routine eye exams?

Date of last eye exam:

Where does the patient go for routine eye care?

Care Plan Sample (Field Provided)

Reason for Appointment

1. Updated CCM Care Plan

History of Present Illness

CARE PLAN :

Comprehensive Care Plan

Chronic Conditions: *Tubular adenoma; osteoarthritis; spinal stenosis; GERD; hyperlipidemia; hypertension, sciatica; Basal cell carcinoma; chronic pain; chronic fatigue; paroxysmal SVT; bilateral hearing loss; anxiety, Grief Reaction*

My Personal Health Goals: *Maintain Blood Pressure below 140/80. Maintain Cholesterol below 200. Maintain healthy weight, manage back pain*

Limitations and Stressors: *Chronic pain. Husband passed. Adult grandson does stay with her and helps with house needs/projects. Patient denies any concerns with food/housing/heat/utilities at this time.*

Current Provider: *Kevin Connolly, MD*

Screening Schedule Recommended: *Per PCP and specialists*

Expected Outcome: *If patient continues to engage in regular physical exercise, increased socialization and regular behavioral health counseling this should allow her to maintain stable health status and improve her overall sense of well being.*

Actions Recommended: *Take all medications as prescribed and attend all scheduled appointments with PCP and Specialists. Follow a heart healthy diet. Engage in physical exercise regularly with a goal of 30 minutes per day. Continue to attend Bone Builders. Referral made to CCM BH for counseling. Engage in opportunities for increased socialization. Regular monthly phone check in with Chronic Care Management staff. Report any health or mood changes or concerns to PCP clinic immediately.*

Schedule to review and revise .

PREVENTIVE MEDICINE::

DENTAL SCREENING:

Does the patient receive routine dental care? *Yes*

Date of last dental exam: *6/2022*

Where does the patient go for routine dental care? *Danville*

VISION SCREENING:

Does the patient receive routine eye exams? *Yes*

Date of last eye exam: *6/2022*

Where does the patient go for routine eye care? *Littleton*