Care Coordination

Patient Name: _____ Date: _____
DOB: _____ SS#: _____ SC#: _____

Review all reports that show patient received care outside of the PCP office (ie: ER Utilization Record, Roster, etc.) At each office visit ask patient if they received in-patient, out-patient, or any other care outside of the PCP office since their last visit.

Date:	Provider:	Reason for Care:	Notification Source:	Date Records Requested:	Date Records Received:	Date patient notified of needed f/u:	Notification Method: (mail, phone, etc)	Initials:

Staff Signatures/Title: _____ Initials: _____ Date: _____

_____ _____ _____

_____ _____ _____

_____ _____ _____