

Enterprise Care Management | Longitudinal Care Transition Template

DEMOGRAPHICS	Patient Name		Primary Care Physician (PCP)		CONTACT INFORMATION	PCP	
	Med Record		Longitudinal Care Manager (LCM)			LCM	
	Date of Birth		LCM Location			Pharmacy	
	Gender		<input type="checkbox"/> Acute Care <input type="checkbox"/> AMB Care <input type="checkbox"/> Payer <input type="checkbox"/> ACO <input type="checkbox"/> Community <input type="checkbox"/> Home Health <input type="checkbox"/> SNF <input type="checkbox"/> Other			Patient	
	Decision-maker	<input type="checkbox"/> Patient <input type="checkbox"/> Other: _____	Health Risk Status	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		Other	

Diagnosis	Medication			Transition History			
	Reconciliation	Medication	Adherence	Network	Care Setting	Case Manager	Date
	<input type="checkbox"/>		<input type="checkbox"/>	IN <input type="checkbox"/> OUT <input type="checkbox"/>	Acute Care:		
	<input type="checkbox"/>		<input type="checkbox"/>	IN <input type="checkbox"/> OUT <input type="checkbox"/>	ED:		
	<input type="checkbox"/>		<input type="checkbox"/>	IN <input type="checkbox"/> OUT <input type="checkbox"/>	Home Health:		
	<input type="checkbox"/>		<input type="checkbox"/>	IN <input type="checkbox"/> OUT <input type="checkbox"/>	SNF:		
<input type="checkbox"/>		<input type="checkbox"/>	IN <input type="checkbox"/> OUT <input type="checkbox"/>	Community:			

Social Determinants Resource Needs	Health Goals	Action Plan	Date of Transition	Date of Communication
<input type="checkbox"/> Literacy: _____ <input type="checkbox"/> Food Insecurity: _____ <input type="checkbox"/> Housing: _____ <input type="checkbox"/> Transportation: _____ <input type="checkbox"/> Finances: _____ <input type="checkbox"/> Patient Engagement Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	_____ _____ _____ _____	_____ _____ _____ _____	Date: __/__/__ Date: __/__/__ Date: __/__/__ Date: __/__/__ Date: __/__/__	Name: _____ Date: __/__/__ Name: _____ Date: __/__/__ Name: _____ Date: __/__/__ Name: _____ Date: __/__/__ Name: _____ Date: __/__/__