

CARE COORDINATION NOTE

COORDINATION OF CARE WITH: ☐ Physician ☐ Skilled Nurse ☐ PT ☐ OT ☐ SLP ☐ MSW ☐ Aide ☐ Patient
☐ Caregiver ☐ Family ☐ Representative ☐ Clergy ☐ Other _____

COMMUNICATED VIA: ☐ Phone ☐ Direct ☐ Mail ☐ Fax ☐ Other _____

Area/Problem Discussed

☐ Change in Patient Status ☐ New Symptom ☐ Safety Issues ☐ Schedule Change
☐ Clarification Orders ☐ Medication(s) Issue ☐ Critical Lab Results ☐ Progress Towards Goals
☐ Other (specify): _____

Details: _____

Resolution/Follow-Up

PERSON COMPLETING FORM:

Signature/Title _____ Date ____/____/____ Time _____

PART 1 – Clinical Record

PART 2 – Care Coordination

PATIENT NAME – Last, First, Middle Initial

ID#