SAMPLE Care Management Plan

The following care plan was developed in conjunction with the patient and/or parent/family/caregiver and is based on the patient’s individualized care needs and goals.

Date of Visit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caregiver(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PCP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What are the major concerns that we need to address at this visit?
2. Has your child had any recent surgery, lab work or x-rays, hospital/ED visits or appointments with specialists?
3. Do you need any medication refills or referrals (i.e. PT, OT, ST, First Steps, IEP, Social Services)?

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| --- | --- | --- | --- | --- |
| **Diagnosis** | **Goals** | **Specialists** | **Self-Management/Meds/Therapy** | **Concerns/Barriers** |
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Follow-up Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_