

CHRONIC CONDITION MANAGEMENT (CCM) IN PRIMARY CARE

Care Planning

Parent's Names _____ / _____
 Child's Name _____ Diagnosis (s) _____
 Phones (H) _____ / _____ (W) _____ / _____
 Best Time / Place To Call _____ FAX # if available _____

CCM Monitoring: Questioning & Interventions in the following areas:

Date:				
Family's #1 Issue				
Health Provider's #1 Issue				
Chronic Condition Update (meds, acute episodes, etc.)				
Child's Life/Recent Accomplishments:				
Family Life				
Comm/Family Support Issues				
Financial Issues (insurance, SSI, etc.)				
School Needs				
Specialist Contacts				
Patient Education/Self Care				
Other				

PARENT NOTEBOOK GIVEN (DATE) _____ OFFICE CONTACT PERSON _____

