FROM KMc EDITS

CASE STUDY/CARE PLANNING OUTLINE

Date of Enrollment:
Date of Transition:
Background: is a -year old who participated in the TCM Program. He/She was referred to the TCN after. The criteria that identified this patient as high risk # include:

CHF, etc

His/Her chronic medical conditions include:

She/he is currently using # medications.

lives in.

scored a /6 on the six-item screen/IADLs/ADLs, PHQ-9/Symptom Bother/Subjective Health/Quality of Life...

Part 1: Goals
specified as her/his main goal at present to.
To that end, we identified some areas to work on over the next few weeks to include:

1. X
2. Health Promotion Activities

Part 2: Interventions
In order to accomplish the goals identified, the following interventions were implemented with #:

1.
2. Health Promotion.

   Falls Prevention
   Medication Management
   Follow-up appointments with all providers.

Part 3: Goal Attainment
had a total of
Throughout the visits and telephone calls, the following is a summary of the goal attainment:

1.

The facilitators to goal achievement include:
The barriers to goal achievement include: