

Case Management Check-in

NAME _____ DOB: _____ Chart# _____

Primary Provider: _____

DIAGNOSES (circle all that apply): DIABETES HYPERTENSION CAD DEPRESSION

DATE	Date										
CHRONIC DISEASE LAB CARD											
Reviewed/Ordered As needed	Y/N										
TOBACCO USE STATUS											
Never Smoked	check										
Ex-Smoker (reinforce)	check										
Smoker (refer to Help Yourself)	check										
Plans to quit next month	check										
Plans to quit in next 6 months	check										
No plan to quit	check										
DM/HTN/CAD											
Aspirin	Y/N										
Flu shot	Date										
LDL <100	Date Value										
B/P <140/90 for hypertension B/P <130/70 for diabetes	Date/ Value	/	/	/	/	/	/	/	/	/	/
A1C in past 6 months for diabetes	Date										
A1c <7 for diabetes	Value										
Microalbumin annually for diabetes	Date N or A										
Home Glucose Monitoring for diabetes	Y/N										
DEPRESSION											
PHQ 9 Score	Score										
CANCER PREVENTION											
Adults over 50: Hemoccults annually, or Colonoscopy q 10 yrs	H or C Date N or A										
Women over 21: PAP past 3 yrs	Date N or A										
Women over 40: Mammo in past 2 years	Date N or A										
Men over 50: PSA Counseling	Y/N										
SELF MANAGEMENT											
Goal Set: Nutrition, Exercise, Alcohol, Tobacco, N,E,A,T	Y/N N,E,A, or T										

Put a * in box if recommended

5/19/06 NRH