



## Vermont Integrated Communities Care Management Learning Collaborative

### DEMOGRAPHIC

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Insurance: \_\_\_\_\_

PCP Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Care Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health team/community supports:

Role (Mental Health provider, health coach, SASH, etc):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PRIMARY DX: \_\_\_\_\_

OTHER KEY DIAGNOSES (include Active and Historical): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL NEIGHBORHOOD

Two or more admissions to the hospital in the past 6 month? YES NO

Three or more Emergency room visits in the past 6 months? YES NO

Has not been to PCP in past year? YES NO

No documented Goals of Care conversation or Advanced Directive on file? YES NO

COMMENTS:

### MEDICAL STATUS/HEALTH TRAJECTORY

Uses 5 or more medications? YES NO



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Greater than 3 chronic health conditions? YES NO

Requires assistance with ADLs (Activities of Daily Living)? YES NO

COMMENTS:

### **SOCIAL SUPPORT**

Communication Barriers (language, sensory deficits)? YES NO

Cognitive barriers? YES NO

Does not have stable housing? YES NO

Limited social support? YES NO

Is not currently employed? YES NO

Financial barriers (including underinsured, unable to afford meds)? YES NO

Transportation issues? YES NO

Literacy issues (difficulty with reading/writing)? YES NO

Issues with bereavement (losses/grieving)? YES NO

COMMENTS:

### **SELF MANAGEMENT/MENTAL HEALTH**

Non-adherence to previous treatments? YES NO

Hospital admission(s) in the past year for mental health-related reason? YES NO

Current Behavioral Health diagnosis/substance abuse? YES NO

COMMENTS:

### **OTHER IMPORTANT INFORMATION**



## **Vermont Integrated Communities Care Management Learning Collaborative**

Other underlying issues not noted above?

YES NO

If yes, please comment: