Chronic Care Management

Patient Information

Full Name: Sarah Smith

Date of Birth: 09 / 09 / 1980

Gender: F

Patient ID: /

Contact Number: +00 0000 000

Email Address: Sarahsmith@email.com

Chronic condition/s and relevant medical history:

Hypertension and Diabetes Type 2
hospitialized 2 months ago and BP medication introduced.
Daily medications administered at home and BP taken at home. Blood sugar monitored at home.

Assessment

Current symptoms:
Severe headacehes
Breathing difficulty
Increased thirst and hunger
Fatigue

Relevant personal factors:
Patient feels unable to carry out gardening tasks and has decreased attendence at local gym as fears of fainting hold them back. quiality of life has decreased in last two months.

Healthcare Needs and Goals

Maintain active lifestyle: Address breathing concerns and feelings of dizziness and fainting

Regular medication use and monitoring: Patient often misses regular medication times and does not regularly self monitor blood glucose levels.

Interventions and Treatment

Intervention/treatment and provider	Date for re-assessment
Timed medication round and clear BP and BS recording chart shared with doctor and partner to ensure regular charting.	08.08.23
Further education of symptoms of fainting, and importance of medication to aid in this. community nurse referral for in-home consult made	08.08.23

Indicate the following:

☑ Community resource mobilization

☑ Patient self-management education

Physician's Notes and Recommendations

patients cronic conditions require further intervention for better management and intergrati

Physician's Signature: _____ **Date:** ____ / ____ / _____

Patient Acknowledgment

- I have reviewed the chronic care management template and understand the information provided.

Patient's Signature: _____ **Date:** ____ / ____ / _____

Date for reassesment: ___ / ____ / ____