FACE-TO-FACE TRANSITIONAL CARE VISIT DOCUMENTATION

For use in plan section of visit note.

Medication reconciliation:
☐ Medication list updated
☐ New medication list given to patient/family/caregiver

Referrals:
☐ None needed
☐ Referrals made to: __________________________________________

Community resources identified for patient/family:
☐ None needed
☐ Home health agency
☐ Assisted living
☐ Hospice
☐ Support group
☐ Education program: __________________________________________

Durable medical equipment ordered:
☐ None needed
☐ DME ordered: ________________________________________________

Additional communication delivered or planned:
☐ Family/caregiver: ____________________________________________
☐ Specialists: _________________________________________________
☐ Other: _____________________________________________________

Patient education:
Topics discussed: ______________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Handouts given: ________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Initial transitional care contact was made on ______ / ______ / ______ (see separate note)