|  |
| --- |
| PART A: Medical Summary |
| Current Health Conditions |
| 1. | 4. | 7. |
| 2.  | 5. | 8. |
| 3. | 6. | 9. |
|  |  |
| Current Medications |
| 1. | 4. | 7. |
| 2. | 5. | 8. |
| 3. | 6. | 9. |

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| --- |
| What is your smoking status? Non-smoker [ ]  Smoking [ ]         |
| Assistive Devices: None [ ]  Wheelchair [ ]  Oxygen [ ]  Other [ ]  Specify:        |
| Advance Care Planning: Personal Directive Yes [ ]  No [ ]  Power of Attorney Yes [ ]  No [ ]  Goals of Care documented Yes [ ]  No [ ]  |
| PART B: Social History |
| **Finances:****Housing:** **Support Systems**: |
| PART C: Goals and Action Plan |
| WHAT MATTERS TO THE PATIENT |
| 1.
 | 4. |
| 1.
 | 5. |
| 1.
 | 6. |
| PLANNED ITEMS TO ADDRESS WHAT MATTERS TO THE PATIENT |
| 1.
 | 4. |
| 1.
 | 5. |
| 1.
 | 6. |
| FIRST FOLLOW UP APPT FOR PLANNED ITEMS- DATE |
| 1.
 | 4. |
| 1.
 | 5. |
| 1.
 | 6. |

|  |
| --- |
| SECOND FOLLOW UP APPT FOR PLANNED ITEMS- DATE |
| 1.
 | 4. |
| 1.
 | 5. |
| 1.
 | 6. |

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| Valued Pharmacy:With our mutual patient’s consent, we would like to share the latest care plan with you and invite you to contribute to update it with your recommendations as deemed fit. Please fax your recommendations back to our team.  |
| 1.2.3. |