

# Transitional Care Management (TCM) Toolkit

## TCM Face-to-Face Visit Template



<b>Patient Name:</b>		<b>Appointment Date:</b>	
<b>Initial Communication Date:</b>		<b>Made by:</b>	
<b>Medications</b>			
Medication list reconciled and updated			
Updated medication list given to patient/caregiver (print or send to portal)			
<b>Patient Education</b>			
Education Provided			
Education Discussed			
<b>Durable Medical Equipment</b>			
DME Ordered			
No DME Needed			
<b>Community Resources</b>		<b>Notes/Details</b>	
Assisted Living			
Home Health			
Hospice			
Program			
Support Group			
Other			
<b>Referrals</b>			Reason:
Referral Needed?	Yes	No	Where:
Referral Made?	Yes	No	Where:
<b>Follow-Up Appointment</b>			
Date:			
Provider:			
<b>Additional Information</b>			
Form Completed by (Clinic Staff Member):			Date: