**Coordinated Care Plan Feedback/Consultation Request**

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| **Feedback requested from:** |  |
| **Patient Name:** |  |
| **Date of Coordinated Care Team Meeting:** |  |
| **Feedback required by:** |  |
| **Lead Care Coordinator:** |  |
| **Please return completed form to:** | Fax: |
| **Patient consent forms attached (Yes/No):** | |
| **Patient draft Coordinated Care Plan attached: (Yes/No)** | |

**Required Feedback**

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| **Question:**  **Feedback:** |

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| **Question:**  **Feedback:** |

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| **Question:**  **Feedback:** |

**Is there any other feedback that you would like to add to this patient’s Coordinated Care Plan?**

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|  | Coordinated Care Plan domain | Provider feedback |
|  | Care team members |  |
|  | Health conditions |  |
|  | Situation and lifestyle |  |
|  | Assessed health needs |  |
|  | Most recent hospital visits |  |
|  | Current supports and services |  |
|  | Known, current medications |  |
|  | Other treatments |  |
|  | Daily routines |  |
|  | Appointments and referrals |  |
|  | Plan to achieve goals for care |  |
|  | Plan for future situations |  |

Are you a primary care provider or specialist? These billing codes can be used for common Health Link activities:

[*Primary care billing codes for common Health Links related activities*](http://sm.cmha.ca/our-services/greater-sudbury-health-link/)

[*Specialist billing codes for common Health Links related activities*](http://sm.cmha.ca/our-services/greater-sudbury-health-link/)