HealthLink / Maillon santé

Greater Sudbury/du Grand Sudbury

Coordinated Care Plan Feedback/Consultation Request

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

Required Feedback

Question:

Feedback:

Question:

Feedback:

Question:

Feedback:

Your feedback and participation as a member of this care team is very important and greatly appreciated.
If you have any questions about the Greater Sudbury Health Link, please contact the Lead Care Coordinator identified above or the Greater Sudbury Health Link, c/o Canadian Mental Health Association-Sudbury/Manitoulin: 705.675.7252, healthlinkinfo@cmha-sm.on.ca

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

	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
Specialist billing codes for common Health Links related activities

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