

Coordination of Care Checklist

**This is not a Release of Information form.
It is a checklist to help you track your efforts to coordinate care.**

Client Name: _____ DOB: _____

Date of Admission to services: _____ Clinician: _____

Is there a Primary Care Physician (PCP)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined PCP Name: _____ Fax or Email: _____ Phone #: _____ Release of Information signed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined
Is there another Behavioral Health (BH) Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined BH Provider's Name/Specialty: _____ Fax or Email: _____ Phone #: _____ Release of Information signed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined
Is there another treating provider? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined Provider's Name/Specialty: _____ Fax or Email: _____ Phone #: _____ Release of Information signed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined

Documentation of Contacts and Attempts to Coordinate Care:

Date	Provider Contacted	Contacted by Phone, Fax, Email	Information Shared or Discussed