



Case Notes Template

Session Date: _____

Session # _____

Name: _____

DOB: _____

Screening:

Assessing:

Planning:

Stratifying Risk:

- ☐ Low
- ☐ Maintenance
- ☐ High

Notes:

Care Coordination:

Transitional Care:

Communication Post Transition:

Follow up:

Next Apt: _____

CM/Provider Sig _____