Care Team Meeting Form

STEPS TO CARE

Client Name: _____ Client Record #: _____

Enroll Date: _____ Patient Navigator: _____ Last PCP Visit Date: _____

Care Coordinator or Patient Navigator: Please discuss the client with the PCP and use this form to guide discussion <u>at least</u> once quarterly throughout the client's program enrollment.

Is this a formal/scheduled ongoing case review?

    Yes   No

Date of Care Team Meeting/Case Conference: _____

Previous Meeting			Current Meeting		
(Date: _____)*			From EMR and program records		
	#	Date(s)		#	Date(s)
Previous CD4:			Most recent CD4:		
Previous VL:			Most recent VL:		
			Hospitalizations since last meeting*:		
			ED visits since last meeting*:		
# of missed PCP appointments reported at last meeting: _____	N/A (no prior conference)		Missed PCP appointments reported at last meeting: _____		
			Topics covered since last meeting*: _____		
Refer to intake assessment, if this is the first Care Team meeting.			Total # of topics covered to this point: _____		

Progress Notes (Include progress with enrollment in services, topics covered, adherence barriers, risk behaviors, disclosure issues, social issues or services, and any other developments relevant to Care Plan):

Client Name: _____

Client Record #: _____

ART Regimen Review Currently prescribed   YES   NO *If No, skip to Notes on Page 3.*

ART: *Check the appropriate option:*

  Regimen unchanged since last case conference. *If checked, skip to Page 2.*

  Regimen changed since last conference. *If checked, indicate reason for regimen change below.*

  Reason for regimen change:

      Treatment failure/viral resistance

      Intolerance/side effects (Specify: _____)

      Change in guidance/regimen simplification

      Other (Specify: _____)

Current ART Medications:	Pills/dose	Dose Frequency	Continued or New?		If New, Start Date:
			Continuing	New	
			Continuing	New	
			Continuing	New	
			Continuing	New	

Adherence Review *Complete only if client is prescribed ART. Leave left side blank if this is the first Care Team meeting.*

Record Self-Report Adherence Assessment			
From Previous Conference:		**For Current Conference:**	
Date of last self-report Adherence Assessment at previous conf	Date	Date of most recent available self-report Adherence Assessment	Date
4-day self-report adherence value *Value as % from 0-100 (e.g. 90%), Adherence Assessment P. 1, Box D*	Value	4-day self-report adherence value *Value as % from 0-100 (e.g. 90%), Adherence Assessment P. 1, Box D*	Value
Last missed dose score *Value from 0-5, Adherence Assessment P. 2, Question 2*	Value	Last missed dose score *Value from 0-5, Adherence Assessment P. 2, Question 2*	Value
VAS adherence value *Value as % from 0-100 (e.g. 90%), Adherence Assessment P. 2, Question 4a*	Value	VAS adherence value *Value as % from 0-100 (e.g. 90%), Adherence Assessment P. 2, Question 4a*	Value

Client Name: _____

Client Record #:_____

Notes on Current Needs: Include adherence barriers, risk behaviors, disclosure issues, housing issues, social issues, and any other behavioral, clinical, or psychosocial concerns that need to be addressed

Notes on Case Conference Discussion:

Does Care Plan need to be updated?   YES   NO *If Yes*, Date Updated: _____

Client Disposition Summary
Discharge from program?   Yes   No

	Name	Signature	Date
Physician/PA/NP			
Care Coordinator			