

Task Tab

Care Coordination Notes

Type of Note:

Risk Assessment and Screening

Initial Care Coordination Visit

Follow-up Care Coordination Visit

Successful Telephone Call

Reassessment Visit

Risk Level

High Risk

Low Risk

Enrollee Name

Medicaid Number

Region Name

Region Number

Care Coordinator's Name

Title:

Date

Date:

care coordinators name:

Title:

Date:

Time: