

Chronic Care Management

Disclaimer: This template is a generic format for managing chronic issues and is intended for educational purposes only. Personalizing the template according to the specific needs of each patient is strongly recommended to ensure effective and appropriate care.

Patient information
Patient name:
Date of birth:
Medical record number:
Date of visit:
Primary care provider:
Medical history
Chronic conditions:
Past medical history:
Allergies:
Medications (including dosages):
Assessment
Subjective (patient's report on symptoms, concerns, and health status):
Objective (clinical findings, lab results, vital signs, etc.):

Diagnosis/initial findings**Goals/outcomes****Interventions/implementation****Rationale****Evaluation****Healthcare provider information**

Physician name:

License number:

Signature:

Date: