



Company Name

MEDICAL SOCIAL SERVICES CARE PLAN

Date: Time In: Time Out:

Patient: ID#:

REASON FOR VISIT / PROBLEM

MEDICAL SOCIAL SERVICES TREATMENT PLAN

Table with 4 columns: PATIENT / CLIENT DESIRED OUTCOMES, SHORT TERM OUTCOMES, Time Frame, LONG TERM OUTCOMES, Time Frame

PLAN OF CARE (Check all that apply)

- Assessment of social and emotional factors (E1), Counseling for long-range planning and decision-making (E2), Community resource planning (E3), Short-term therapy (E4), Identify eligibility for services / benefits, Initiate counseling, Nursing home placement assistance, Alternate living arrangements, Arrange transportation for medical appointments, Emotional support to patient / client / family, Financial resource information, Arrangement of meal services, Initiate abuse reporting mechanism, Initiate referral to personal emergency response system, Teach self-management skills, Crisis intervention, Services to family member(s) / caregiver(s), Referral to support group(s) / community resource(s) (specify), Other

COMMENTS / ADDITIONAL INFORMATION

PATIENT / CLIENT / CAREGIVER REFUSAL OF PLAN OF CARE

SUMMARY

Goals Achieved? Referrals Completed? Care Coordination: Approximate Next Visit Date Plan for next visit Discharge Discussed with: Discharge Instructions given to Patient / Client / Family?

SIGNATURE / DATES

X Patient/Caregiver (if applicable) Date X Medical Social Worker (Signature/Title) Date