



## Medical Case Management Triage

Client name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<p>If you received this in the mail, please complete the following questions and return this in the enclosed envelope. This will help us address needs you have at this time.</p>	<p>The Nurse Case Manager will follow-up on any "Yes" checked boxes in this column</p>
<p>1. Have you had any new diagnoses in the last 12 months?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>2. Have you missed any doses of medication in the last 30 days?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3. Have you had any significant changes in your eating habits or lack of appetite in the last 30 days?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>4. Have you had any unexplained significant weight loss or gain in the last 30 days?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>5. Has it been more than 12 months since you saw your doctor?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>6. Has it been more than 12 months since you saw your HIV specialist?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>7. Has it been more than 6 months since you last had labs?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>8. Are you experiencing any serious dental issues or pain?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>9. Do you use/chew tobacco or smoke cigarettes?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes<sup>1</sup></p>
<p>10. Would you like to talk to a nurse case manager for any other reason?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Comments:</p>	
<p>11. List all of the ways you can be reached for follow-up on "yes" responses above (include new contact information):  <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email</p>	
<p>12. If number 11 is blank when will you check in with your Nurse Case Manager regarding the "yes" responses?</p>	

Office use only: If "yes" has been answered please refer to RN, indicate below the steps taken:		
<input type="checkbox"/> Referred to RN by phone, date: _____	_____	Initials: _____
<input type="checkbox"/> Referred to RN by e-mail, date: _____	_____	Initials: _____
<input type="checkbox"/> Referred to RN fax, date: _____	_____	Initials: _____
<input type="checkbox"/> RN confirms contact with client, date: _____	_____	Initials: _____
<input type="checkbox"/> No referral		

<sup>1</sup> If client is being followed up by the Care Coordinator, the Nurse Case Manager may not be the one to follow-up