



## Medical Case Management Triage

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

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

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.		The Nurse Case Manager will follow-up on any "Yes" checked boxes in this column
1. Have you had any new diagnoses in the last 12 months?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
2. Have you missed any doses of medication in the last 30 days?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Have you had any significant changes in your eating habits or lack of appetite in the last 30 days?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
4. Have you had any unexplained significant weight loss or gain in the last 30 days?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
5. Has it been more than 12 months since you saw your doctor?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
6. Has it been more than 12 months since you saw your HIV specialist?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
7. Has it been more than 6 months since you last had labs?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
8. Are you experiencing any serious dental issues or pain?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
9. Do you use/chew tobacco or smoke cigarettes?	<input type="checkbox"/> No <input type="checkbox"/> Yes <sup>1</sup>	
10. Would you like to talk to a nurse case manager for any other reason?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Comments:		
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		
If you are unable to be contacted by the sources listed above and/or if you do not wish to receive mail, when will you check in with your Nurse Case Manager regarding the "yes" responses?		

**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: _____

<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