



# Care Management Report

Communication between Care Management and Health Care Provider

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Health Care Provider Name: \_\_\_\_\_  
 Date of Report: \_\_\_\_\_  
 Care Planner  Care Manager Name : \_\_\_\_\_  
 Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**IMPORTANT – Review today**  
 **PROGRESS NOTE FOR NEXT VISIT**

### I. PATIENT RESPONSE TO PHQ-9:

	Baseline	4-wk	8-wk
Total # symptoms			
Total score			
Functioning			
Question 9 score			

### II. PATIENT ADHERENCE TO TREATMENT PLAN:

#### Medication:

- Taking medication as prescribed  
 Not taking medication as prescribed (see Comments)  
 Not taking medication (see Comments)

If appointment not kept, reason why: \_\_\_\_\_

#### Mental Health Specialist:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Date of last appt kept: \_\_\_\_\_ Date of next appointment: \_\_\_\_\_

If appointment not kept, reason why: \_\_\_\_\_

#### COMMENTS:

Treating Provider Assessment and Note to Medical Record

Review Date: \_\_\_\_\_

- Treatment *NOT* changed  Treatment *CHANGED* as follows (send copy to care management):

**MEDICATION CHANGES:** Action Codes: A = Added Drug C = Changed Dose D = Discontinued Drug

#### Action Taken:

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_  A  C  D

When to Take/Frequency: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_  A  C  D

When to Take/Frequency: \_\_\_\_\_

#### Additional comments and instructions:

Treating provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

FAX to Care Management @ 1-800-424-2296. - NOTICE OF TREATMENT CHANGE

Adapted from the Three Component Model, 3CM™, with permission. 2005.

This information is provided for informational purposes only and is not intended to direct treatment decisions or offer medical advice. Aetna does not provide health care services and can not guarantee any results or outcomes. All patient care and related decisions are the sole responsibility of the treating provider.