



CAREPLAN OVERSIGHT COMMUNICATION and MONTHLY SUMMARY

Patient's Name: _____
 Case Manager: _____
 Physician: _____
 Diagnosis: _____

HOB Admission Date: _____
 Recertification Period: _____
 KPS: _____
 Reporting Month: _____

Dates of Physician Contact:												
Status Update												
New Orders												

Monthly Status Summary/Current Medication List Attached

Edmonton Scale

No Pain Severe Pain 0 1 2 3 4 5 6 7 8 9 10 	
Very Active Not Active 0 1 2 3 4 5 6 7 8 9 10 	
Not Nauseated Very Nauseated 0 1 2 3 4 5 6 7 8 9 10 	
Not Depressed Very Depressed 0 1 2 3 4 5 6 7 8 9 10 	
Not Anxious Very Anxious 0 1 2 3 4 5 6 7 8 9 10 	
Not Drowsy Very Drowsy 0 1 2 3 4 5 6 7 8 9 10 	
Very Good Appetite No Appetite 0 1 2 3 4 5 6 7 8 9 10 	
Very Good Sensation of Well-Being Poor Sensation of Well-Being 0 1 2 3 4 5 6 7 8 9 10 	
No Shortness of Breath Very Short of Breath 0 1 2 3 4 5 6 7 8 9 10 	

White Copy - Physician

Yellow Copy - Chart