Wooster Community Hospital Community Care Network
Equipment/Tools/Aids

Client: _____ Age: _____ DOB: _____
PCP: _____ PCP Phone: _____
Pharmacy: _____ Pharmacy Phone: _____
Health Coach: _____

Diagnosis: _____
Plan of Care: _____
_____
_____

	Referrals	Date
	Activity log – self monitoring	
	Blood sugar/BP monitor/ Weight	
	Diabetic Clinic	
	Energy conservation log	
	Food log	
	Gripper	
	Home safety inspection	
	Home exercise program	
	Med issues	
	Nutrition plan	
	Nutrition – self monitoring	

	Referrals	Date
	Pain evaluation	
	Pain management	
	Pharmacy review meds	
	Physician follow up on:_____	
	Podiatrist	
	PT	
	Pulmonary Rehab	
	Med box	
	Telehealth	
	Weight – self monitoring	
	Pain eval	

Hospitalizations	
Reason	**Date**

Comments:

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