



## NEW CASE ADMISSION PROCESS CHECKLIST

Today's Date:

Full Name:

Responsible Party and Relationship:

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### Action:

Intake call relating to new client:  \_\_\_\_\_

Receive introduction to your care manager email:

Respond to email with a request for a call to set up assessment:

Send confirmation of day/time of the assessment visit: \_\_\_\_\_

Assessment Report or Client/Medical Profile completed

Entered Info CareTree: Documents

Photo entered and demographic file completed:

Email sent with recommendations/ options:

Recommendations discussed in a call:

Email sent listing the agreed upon care plan:

### Creation of goals:

Emergency Plan:

Medication Management Plan:

Care Providers Set up:

Vision/Hearing \_\_\_\_\_

Neurology \_\_\_\_\_

Dental \_\_\_\_\_

Cardiology \_\_\_\_\_

Podiatry \_\_\_\_\_

Urology \_\_\_\_\_

Dermatology \_\_\_\_\_

Other \_\_\_\_\_