

Care Coordination Checklist



Symptoms

_____	_____	_____
_____	_____	_____



Medications + Side Effects to Watch

Medication

Dosage

Side Effects to Watch

_____	_____	_____
_____	_____	_____



Upcoming Appointments

Date

Provider

Purpose

_____	_____	_____
_____	_____	_____



Questions for the Next Visit



Insurance Notes

_____	_____
_____	_____
_____	_____
_____	_____



Healthcare Providers

Provider

Specialty

Phone

Portal Info

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Care Team Contacts

Name

Role

Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____