

# Monthly Case Manager Summary

(Provider Agency)

<b>Name:</b>	<b>PDC #:</b>	<b>Home:</b>
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<b>Date of Data Collection:</b>	<b>Date Communicated to IDT:</b>	<b>ISP Date:</b>
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**Monthly/ Quarterly/ Annual Data Collection** (circle as appropriate)

<b>Accidents/Injuries</b> (*Document location) <input type="checkbox"/> None	<input type="checkbox"/> Sutures* <input type="checkbox"/> Staples* <input type="checkbox"/> Fracture* <input type="checkbox"/> r/t Aggression <input type="checkbox"/> r/t Seizures <input type="checkbox"/> r/t SIB <input type="checkbox"/> r/t Falls
<b>Analysis:</b>	

<b>Behavioral Occurrences</b> Description and Analysis of Episodes required, including Desensitization Program	M	C	<b>Analysis:</b>
			Required Restraint
			Emergency Drugs Required
			Medical Procedure Refusal
			Resistive to Medical Procedures
			Medication Refusals

<b>Medication Self Administration</b> <input type="checkbox"/> Training not appropriate at this time	
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<b>Human Sexuality Training:</b> <input type="checkbox"/> Training not appropriate at this time.	
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<b>Nutritional Analysis</b>	(i.e. Episodes of Emesis, Choking, Oral Hygiene rating, Aspiration Pneumonias, Dysphasia, & labs pertinent to nutritional status., weight trends)
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<b>Current Weight:</b>	
<b>Lbs. Lost/Gained</b>	

<b>Medication:</b> List Changes in dose, new medications, presence of Side Effects/Adverse Reactions <input type="checkbox"/> No s/s side effects noted	<input type="checkbox"/> Yes: (list changes)  <input type="checkbox"/> Yes: (describe side effects)
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<b>ER/Hospitalizations:</b> (Include IPC admits) List by Date/Diagnosis	M	C	<b>Analysis</b>
			ER
			Hospital
			IPC

<b>Consultations/Clinics/ Diagnostic Procedures/Labs</b> (List by Date and Results) <b>**Update Preventive Care Sheet</b>	
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<b>Monthly/Annual Data:</b> To be completed once monthly. And a cumulative total from last ISP date maintained.	M	C	M	C	M	C	Seizures
							Date of Last Seizure
		Falls			Enemas		
		Injuries			Impactions		
		Suppositories			Bowel Obstructions		

<b>Signature:</b>	<b>Date:</b>
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M= Monthly Total

C= Cumulative Total from date of last ISP

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Monthly Analysis Team Communication	
<b>S</b> Support Area	
<b>A</b> Health Data Analysis:  <b>Progress:</b>	<b>M</b>  <b>P</b>
<b>Recommendations:</b> (Communication to IDT in Monthly or Quarterly Program Review)	<b>L</b>

**E**

<b>Signature:</b>	<b>Date:</b>
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M= Monthly Total

C= Cumulative Total from date of last ISP