

Care Plan Oversight Form

Name of Patient: Garcia, Abel

Date 12/20/12

DOB 12/23/48

Medicare #

Certification Period:

CPO Activity:

Minutes

Date

☒ 1. Reviewed and/or signed orders

5 12/13

☒ 2. Reviewed and/or modified treatment plan

15 12/19

☒ 3. Reviewed patient chart

5 12/19

☐ 4. Reviewed lab reports

         

☐ 5. Review of patient status reports

         

☒ 6. Communication with patient/family

5 12/18

☐ 7. Communication with agency clinician

         

☐ 8. Communication with pharmacy

         

☐ 9. Communication with other healthcare professional

         

☐ 10. Attended case conference related to plan of care

         

☐ 11. Other

         

Total of Minutes:

30

-D. S. KETHA N.D.